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ABSTRACT

An assessment is presented of the structure of fitness promotion policy and the function of fitness promotion delivery systems in the United States. The focus is upon: (1) how fitness initiatives first arose; (2) how these initiatives were formalized into broad goals, directives, or mandates; (3) to whom and how these mandates were entrusted; (4) factors affecting implementation at each stage of the process and policy, funding, accounting, and monitoring mechanisms employed; (5) specific processes and feedback mechanisms involved in policy and program development; and (6) successful approaches or structural features and reasons for planned changes, if any. Discussions are presented on: (1) criteria for identifying national policy; (2) basis for concern with exercise as an element of public policy; (3) current trends in exercise in the United States; (4) development of exercise policy; (5) transmission of exercise policy; (6) observations about fitness promotion efforts; and (7) observations about sports promotion efforts. Appendices include information on fitness promotion activities of the Department of Health and Human Services and other federal agencies, and on fitness promotion activities sponsored by independent and private agencies and three selected state agencies. (JD)

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ODPHP Office of Disease Prevention and Health Promotion

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A REPORT ON THE FITNESS AND HEALTH PROMOTION DELIVERY SYSTEM OF THE UNITED STATES

REPORT NO. 4

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A REPORT ON THE FITNESS AND HEALTH PROMOTION DELIVERY SYSTEM OF THE UNITED STATES

REPORT NO. 4

Office of Disease Prevention and Health Promotion

Department of Health and Human Services
July 21, 1981

This report is made pursuant to Modification 11 of Contract No. 282-78-0183-DN. The names of the persons employed or retained by the contractor with management or professional responsibility for such work or for the content of the report are Robert Bozzo, Paul J. Brounstein, Ph.D., Patricia Berger Freidman, Cynthia Henderer, and Jane F. McGlade.

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I. INTRODUCTION

RESEARCH OBJECTIVES

This report represents the first of four documents designed to assess in detail the structure of fitness promotion policy and the function of fitness promotion delivery systems in the United States, Canada and Australia.

For purposes of this study we have adopted a multi-faceted view of fitness promotion. The breadth of our orientation toward fitness comes from our inclusion of the promotion of sporting and recreational activities with exercise and physically strenuous activities which in turn are the core of the deeply rooted semantic structure of fitness. However, the view of fitness employed in this study excludes many related health promotion activities. For example, the nutrition habits/behaviors of individuals or the cessation of smoking have been intentionally omitted from our working definition of fitness invoked here in order to enable analysts to focus specially on that cluster or grouping of fitness promotion and policy efforts in which dynamic participation in physically active pursuits is advocated.

Each of the three national investigations focuses on assessing:

- How fitness initiatives first arose;

- How these initiatives were formalized into broad goals, directives or mandates;
- To whom and how these mandates were entrusted;
- How were/are they implemented--what are the factors affecting implementation at each stage of the process--what policy, funding, accounting and monitoring mechanisms are employed;
- What are the specific processes and feedback mechanisms involved in policy and program development; and
- What approaches or structural features have been found to be most successful and what reasons underlie planned changes, if any?

The national investigations will each culminate in the drafting of a report on the fitness and health promotion policy and delivery system of that country; the present report details the existing fitness promotion and policy delivery mechanism in the United States. Subsequent to drafting each of the three national reports a comprehensive document will be drafted in which critical comparisons between the three nations' fitness policy and delivery mechanisms will be drawn; recommendations for effecting positive change in our own system by transposing applicable and viable promotion alternatives and/or policy emphases from the Canadian and Australian systems will also be made.

RESEARCH METHODOLOGY

Each national investigation will be implemented similarly and sequentially. The United States assessment was performed first; face-to-face unstructured discussions were held with directors or officials representing several federal agencies, independent agencies, and private sector organizations and associations over a one month period beginning June 8, 1981 and ending July 7, 1981. Telephone discussions were also initiated with representatives of state agencies or actors in Georgia, Ohio and California to assess the nature of fitness program activities that exist at the state and local levels as well as to determine the impetus and funding origins for such program implementation. Telephone calls were also placed to several actors involved in national policy design or program activities if in-person meetings could not be arranged or if they could provide the necessary information over the phone. Note that telephone discussions will play a more important role in the Canadian national assessment, and that telephone discussions will be the only immediate means of person-to-person communication employed in our assessment of the Australian government's national fitness promotion policy and program activities.

As noted above, all discussions with respondents were, with the exception of a rather standardized greeting, completely unstructured and open-ended. Initial telephone contacts were made in order to assess immediately the nature of an agency's involvement in promoting physical fitness. When it was determined that respondent's agencies/organizations participated in neither fitness policy formulation or program formulation discussions were politely terminated. In almost all of these initial contacts the respondents provided analysts with referrals to others either within or external to their organization who were in a better position to relate pertinent information. Follow-up phone calls were made to each actor referred to us and the discussion implementation process was reinitiated.

In instances where respondents were able to comment substantively on their agency's or organization's role in fitness policy development or program implementation, a brief conversation about the nature of these activities was initiated and a determination made as to whether a person-to-person meeting would be beneficial to making a complete assessment.

In appropriate instances, person-to-person meetings were scheduled and implemented.

All discussions focused on the six major categories of inquiry outlined on page one of this report. Efforts were also made to capture information about program activities and resources and relate then to the seven categories of program implementation/accomplishment presented in ODPHP's ten-year plan. These foci include:

- Research and demonstration
- Monitoring efforts
    - program monitoring
    - data reporting systems
- Information dissemination efforts
- Providing technical assistance
- Providing grants or seed monies
- Providing health educational services
- Person-power development efforts.

The results of our efforts to categorize program initiatives are presented in Appendix E. Appendices A-D present the activity and policy summaries for each agency, organization, or association found to have an active policy or program regarding the promotion of physical fitness. These descriptions of program activities were derived primarily from information obtained from discussion with key actors and supplemented by information extracted from secondary source materials including:

- Empowering legislation, Congressional hearings
- Organizational charts
- Program descriptions
- Agency and program progress reports.

Note that these Appendices form an important, working part of this document providing the reader with the specific policy and promotion activities pursued by involved organizations. The reader might want to review these materials before proceeding to Chapter Two. S(he) is encouraged to do so and to refer to these important attachments freely and frequently throughout his/her involvement with this report. The remainder of the narrative of this report (Chapter II) focuses on summarizing our national policy development, implementation and translation mechanisms as well as describing prevalent program activities. Chapter Two closes with some observations made over the course of this study. Our recommendations regarding possible means of improving the United States' health promotion delivery mechanism must await completion of the Canadian and Australian assessments. These are scheduled to begin in the beginning of August and middle of September, 1981, respectively.

II. DISCUSSION

This chapter presents a discussion of the findings from Granville's assessment of the fitness promotion policy and delivery system in the United States. It begins logically with an attempt to define policy and to delineate criteria to allow identification of pertinent features of policy and delivery/mechanisms. The narrative then proceeds, building upon this base to chart the growth of policy and outline the present delivery system for promoting fitness in the United States. Specifically the chapter contains discussions on the following topics:

- Criteria for identifying national policy
- The basis for concern with exercise as an element of public policy
- Current trends in exercise in the United States
- The development of exercise policy
- The transmission of exercise policy
- Oberservations about fitness promotion efforts including
    - Focus
    - Process
    - Prominence
    - Integration of effort
    - Efficacy and constraints

- Sports Promotion
- Observations about sports promotion efforts.

CRITERIA FOR IDENTIFYING NATIONAL POLICY

One of the major objectives of this investigation is to describe policy in the United States concerning physical fitness and sports. Once the policy has been identified, the study aims at describing and commenting on the system through which it is carried out.

As a point of departure for performing these assessments, it is important to have some idea of how to answer the question "How will we know national policy when we see it?" The need to answer this question is suggested by the recent statement by retiring Supreme Court Justice Potter Stewart in which he expressed his regrets that he believes he will be most remembered for his assertion in an obscenity case some years ago that he couldn't define pronography, but he knew it when he saw it. To avoid being left in a similar quandary concerning fitness policy, several criteria are offered below as general guides in the effort to determine if fitness policy exists and what it looks like:

- Policy should be formalized by means of official statements regarding the need for action
- Policy should be rational, i.e., it should be based on evidence that a need for action exists and that the proposed methods of addressing the need are efficacious
- Policy should be focused on achieving certain aims, i.e., it should have goals and objectives
- There should be a defined and agreed upon strategy and structure for implementing the policy

- Policy should be comprehensive in that it should include all key implementors at all levels and it should be directed at all of those in need of attention

- Actions carried out in pursuit of policy should be measurable.

It should be noted also that our task is in a sense easier than the one Mr. Justice Stewart was once faced with because of the relative ease of establishing criteria such as those listed above and because we do not have to render an absolute opinion about the existence of national policy. Rather, we can view it as a relative quantity. For example, policy might be found to be formal and overarching in terms of its scope and its institutional prominence. Specifically, an organizational entity might be created to carry out the mission prescribed by the policy, as in the case of the Canadians' creation of Fitness Canada. Or, the policy might be fit into an existing structure and perhaps subsumed under ongoing related efforts. Similarly, policy might be based on the application of a sizeable amount of resources which can provide incentives for key actors to participate or it might rely on exhortations of voluntary cooperation. Policy might also be relatively broad or relatively narrow with regard to the audience of implementors/enablers that it seeks to involve. A policy that involves a wide spectrum of public agencies and private groups is most probably more comprehensive than one that is piecemeal or strictly intra-mural. Lastly, the question of vertical transference, i.e., the acceptance and implementation of national policy at various points below the national level, is of great importance and is involved in some of the points mentioned above. The criteria and considerations mentioned above have served to direct this assessment.

THE BASIS FOR CONCERN WITH EXERCISE AS AN ELEMENT OF PUBLIC POLICY

Although public policy regarding exercise and physical fitness has changed and evolved over time, it seems that recent years have seen an intensifying interest in exercise that stems largely from a concern with the high costs of health care. Much has been said and written about the high and rapidly spiraling financial costs of medical treatment, so no attempt will be made here to prove the point. The relevant point is that most attempts at moderating costs have been directed at delivering services more efficiently rather than at reducing the demand for treatment. The Surgeon General's report Healthy People indicated that only about 4 percent of Federal health expenditures were spent on prevention activities. At the same time, the disease patterns of the U.S. population reveal that chronic ailments are the leading cause of death. Prominent among these is cardiovascular disease which leads all other causes.

Research findings from various sources have revealed exercise and other measures within the personal control of the individual to have beneficial effects in reducing the incidence of these illnesses. Vigorous, aerobic exercises in particular have been identified as having positive effects on coronary heart disease, hypertension, and diabetes mellitus. Anxiety and depression also seem to be reduced and productivity seems to be enhanced by aerobic exercise if it is performed frequently, vigorously and for sufficient periods of time.

The upshot of the convergence between concerns about the costs of health care and the well-being of Americans, and research findings that lifestyle changes can make significant inroads on health problems is that the promotion of exercise is a plausible topic of public policy. Although making this point in the report might be seen as "giving away" some of the ensuing description of the development of exercise policy, it is being done to establish early on one of the criteria for public policy, i.e., that it have a sound rationale. More detail concerning the divergent views on and approaches to promoting exercise is presented later in the report. For now it is sufficient to note that the interest in promoting exercise has a strong health care orientation which is associated with advocacy primarily of vigorous, relatively strenuous activity.

CURRENT TRENDS IN EXERCISE IN THE UNITED STATES

Because the actual pursuit of fitness is the desired outcome of public policy and promotional efforts, it is relevant to ascertain the disposition of the American public towards exercise. In general, there has been an upsurge in participation in exercise. However, the estimates of the level, type, and distribution of this participation are as varied as the sponsors of the assessments themselves. The National Center for Health Statistics reported in 1975 that 55 percent of American adults exercise, although most do not exercise enough.1/ In 1977, the Gallup poll estimated that 47 percent of those age 18 and over exercise daily. Pacific Mutual Insurance Company's 1978 survey found 37 percent of adults exercising regularly. Similarly, the Harris poll found in 1979 17.7 million joggers, while Gallup two years earlier found 24 million.2/

1/ DHEW, Office of the Assistant Secretary for Health, Disease Prevention and Health Promotion: Federal Programs and Prospects, (September, 1978), p. 178.

2/ Gregory S. Thomas, et. al. Exercise and Health: The Evidence and Implications (Cambridge, Mass.: Oelgeschlager, Gunn and Hain, Publishers, Inc., 1981), p. 11.

These and other surveys differ markedly in terms of sample sizes, non-response biases, definitional issues, and the specific questions asked. Also, people may overstate their participation in exercise or other active recreational pursuits. Despite these differences and flaws, there seems to be little doubt that participation has increased, especially in active sports or exercise regimens such as jogging and racquet sports.[3] Evidence of the trend can be observed daily in the commercial promotion of exercise/fitness programs, equipment, and sportwear, as well as in the proliferation of guidebooks which prescribe regimens, techniques, equipment, and self-rating instruments for various exercises, sports, and other active recreational pursuits. Similarly, there has been a great increase in the provision by employers of facilities or structured exercise programs for their workers.[4]

The reasons for the increased interest in fitness are not completely clear. The effects of public and commercial promotional efforts, a possible shift in social attitudes away from global issues and toward personal statisfaction and well-being, and increased leisure time may all to some degree by manifested in increased exercise and related activity. In addition, the fact that the post World War II baby boom population reached young adulthood in the 1970s points to an increased pool of potential "prime age" participants.

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[3] Department of Interior, Heritage Conservation and Recreation Service, *The Third Nationwide Outdoor Recreation Plan: The The Executive Report*, (1979), pp. 30, 32.

[4] American Association of Fitness Directors in Business and Industry, *AAFDBI Action*, (March, 1980), p. 4.

Conversely, the available data show that the fitness boom in America today does not, for the most part, extend to those segments of the population which do not possess certain enabling or predisposing characteristics. These include money, leisure time, education, and the residual physical resilience to undertake vigorous activities. Specifically, survey data indicate that minorities, older persons, and those with low incomes are not as likely as others to exercise.5/ In the same view, it is also worth noting (although further investigation is warranted) that many employee fitness programs seem to be more accessible to company executives and managers than to the rank and file workers. And, of course, the many commercially promoted means of exercising, e.g., fitness clubs or spas, are accessible only to those who can afford to pay for them.

There are several implications of the current status of exercise participation in the U.S. First, the fact that a movement is already underway should make the job of a health/exercise promotion policy easier in that the public is already somewhat amenable to and familiar with the message. On the other hand, the evolution of fitness/exercise policy has been fitful and late in coming, following rather than leading the movement. However, at this point is seems apparent that the wave of interest in exercise, for all of its force, has swept over and left untouched many of those who could benefit most. Thus, one of the most important tasks for policymakers and implementors is to target promotional and programmatic efforts. As will be seen in the following section, this task is especially hard for a number of reasons, including fragmentation of the mission and the resources among key actors, the autonomy

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5/ Thomas, G. L. et. al, pp. 11, 12.

of various sectors and levels of the system, differences in philosophy regarding appropriate strategies, and a dearth of financial incentives to carry out a consistently focused policy.

The next section presents a description of the evolution of public policy as it currently exists, including the approaches taken in attempting to galvanize the system and the major emphases of various entities.

THE DEVELOPMENT OF EXERCISE POLICY

In this section, primary attention is directed at the mission and activities of various Federal agencies and the influence of key pieces of legislation on the formulation of a national policy regarding exercise and physical fitness. While recognizing that numerous private organizations and non-Federal agencies have mandates and policies that deal with or provide for fitness related activities, the fact is that their efforts for the most part have developed independently. As such they are elements to be considered and contented with in a national strategy, but do not in themselves constitute guiding forces in its development. References to these other actors will be made as appropriate in describing ongoing efforts, the structure of the system as it exists, and the efforts of lead agencies to effect an integrated approach.

President's Council on Physical Fitness and Sports

Any attempt to describe the history of fitness policy and promotion in the U.S. must begin with the Council. It was established in 1956 by President Eisenhower to deal specifically with the fitness of young Americans. The impetus was a finding that American youngsters fared poorly on a fitness test in comparison with their European counterparts. This emphasis was continued under President Kennedy with the institution of the Youth Fitness Test and Presidential Physical Fitness Award program to monitor and encourage fitness among school age children. Besides simply noting the Council's early focus on youth, these actions seem in retrospect to have been a symptom of the cold war era in which the nation was concerned with assessing and building its strength. Our youth appeared relatively unfit in 1956. In 1957 the Soviets launched Sputnik only later to threaten to "bury" us. Thus, fears that the nation was lagging physically, technologically, and militarily were strong. Against this backdrop, the Council's activities had a relatively heavy orientation towards strength, durability, sports, and competitiveness. This approach remains in evidence today in many of the programs the Council sponsors and in the composition of the 15 member Presidentially appointed Council which usually contains several noted sports figures. In this vien, the Council only recently appointed George Allen, who gained recognition both as a brilliant professional football coach and strict disciplinarian, to serve as their Director. It should be noted though that the Council's emphases have diversified over time to include strong support for the establishment of fitness programs for all age groups.

One of the first observations about the Council as a national body is that it has very little money. Current funding is less than one million dollars per year. The Council's small professional staff uses part of this budget to conduct an information dissemination campaign through mass media public service announcements and the distribution of pamphlets. However, most other efforts involve encouraging other parties to take action; the lion's share of these efforts are directed at the private sector. For example, through its affiliate, the American Association of Fitness

Directors in Business and Industry (AAFDBI), the Council encourages and assists in the establishment of employee fitness programs. The Council also lends its assistance and sponsorship to fitness related programs or events that private sector organizations are willing to finance. A major public sector involvement of the Council which appears to have substantial potential for the smooth transmission of fitness policy to the grassroots level is its technical and exhortatory support for Governors' Councils on Physical Fitness and Sports which operate at the state level and are intended to engage in much the same type of promotion, program development, and capacity and coalition building that the Presient's Council does nationally. The Governors' Councils which exist in about half the states are free to establish their own objectives, receive no Federal funds, are often understaffed, and often are subject to dissolution when governors change.[6] In short, the Council has worked largely outside the realm of the Federal bureaucracy and has used to the prestige of its name and the credibility of the Council members and the staff to good effect in stimulating interest in the private sector in devoting resources to fitness related programs. The constraints facing the Council in addition to its small size and budget, however, has been that its mission is quite broadly defined and that it must rely solely on the process of persusion and gaining consensus to bring about action. As a result, the Council has not really been able to direct an attack with much control over those being rallied to go into battle in the name of fitness. Rather, the Council has tended to support a variety of jointly or completely externally initiated efforts checking only to ensure that they are soundly

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6/ The Granville Corporation, Assessment of the Establishment and Operations of Seven Governor's Councils on Fitness and Sports (July, 1981) Prepared for ODPHP under PHS Contract No. 283-78-0183.

conceived and consistent with its broad goals. This approach has been successful in raising awareness and marshalling private resources. (Two years ago the Council's staff reported to The Granville Corporation in an earlier investigation that $30 million had been "leveraged" in a year. More recent figures might well be higher.) In fact, the Council's efforts in this regard seem to have presaged current efforts to build a national policy which will rely heavily on private sector involvement. However, the Council's activities generally seem to have been carried out in relative isolation from most of the relevant Federal agencies and to have been based in a mission statement which, though national in scope does not seem to carry the type of official sanction that would certify it as national policy.

Another point regarding the Council is that its position regarding the appropriate tack for promoting fitness is a bit unclear. Recalling its origins as a youth/sports oriented body, the Council has continued for the most part to emphasize strenuous activities. Although it has moderated its initial position to include a greater emphasis on aerobic activities, there have been those that have felt the Council's stance still gives too much emphasis to non-aerobic sports and activities which build strength, coordination and flexibility. Others have viewed the Council as too rigid in its support of aerobic exercises, claiming that the Council's position does not accommodate the needs of special populations such as the elderly and does not appeal to the wider interests of those who are not attuned to such pursuits as jogging, and racquetball. In fact, the Council has stated its backing for a variety of aerobics oriented exercises, but seems to have a "jock" image in the eyes of a large segment of the health and recreation community.

A final note regarding the Council concerns the fact that its history of various organizational placements brought its staff for a short period of time into the Office of Disease

Prevention and Health Promotion. This would seem to have provided a good opportunity to achieve a melding of emphases to extend the government's health promotion effort into the private sector and the sports world and to achieve a consensus and a unified focus for a fitness promotion strategy. For philosophical and bureaucratic reasons, the combination never jelled and the Council's staff was removed from ODPHP. Currently, the health promotion/fitness "track" of ODPHP and the sports/ fitness "track" of the Council have partially converged again in a cooperative endeavor to construct a plan of action for achieving the health objectives for the nation for 1990 as they relate to exercise and physical fitness. More detail about this is provided in the following discussion of ODPHP.

Office of Diesease Prevention and Health Promotion

In attempting to find national policy through identification of key actors/lead agencies, it is appropriate to look at the inception and initiatives of the Office of Disease Prevention and Health Promotion (ODPHP). The passage of P.L. 94-317, the National Consumer Health Information and Health Promotion Act of 1976, constituted one of the earliest recognitions and formal actions concerning the importance of health promotion as part of a larger preventive health strategy. The legislation established the Office of Health Information and Health Promotion (which later came under the umbrella of ODPHP) in the Office of the Assistant Secretary for Health. This office was to play the leading role in coordinating both (then) DHEW, other Federal government, and non-government actions. P.L. 94-317 also spoke for the first time about national goals and the formulation of action steps for carrying them out.

The first follow-up action was the work of a Departmental task force to analyze DHEW and other Federal prevention/health promotion efforts. The resulting report was important in providing a frame of reference for subsequent steps, because it gave momentum to the intent of P.L. 94-317. It also conceptualized health status goals and gave definition to health promotion, health protection, and prevention services. Of relevance to this study is the report's formal identification/sanctioning of exercise as an important facet of disease prevention and health promotion.

The next major event affecting policy development and involving the Office of Health Information and Health Promotion was the 1978 passage of P.L. 95-626, the Health Services and Centers Amendements of 1978. This act had two important features relevant to exercise policy. First, it gave special prominence to the importance of physical fitness by establishing an Office of Physical Fitness and Sports Medicine which was joined with the Office of Health Information and Health Promotion. A review of the Congressional Record indicates that some of the impetus for this action was due to what were viewed as impressive advances made by the President's Council. The new office which was to operate with the advice of the Council was seen as a means of extending these efforts, particularly in encouraging lifetime sports, leveraging private funds, and establishing Governors' Councils. The second important feature of the act was that it took limited action on the task force report's discussion of the importance of financial incentives by providing for some project grants and formula grants to states to be authorized for preventive health services. Directly relevant to exercise/fitness was the authorization of funds for grants to states for establishing state councils on fitness. More important ultimately, however, was the fact that money never has been appropriated for the operation of the new office, nor for the grants for state councils. As a result, as efforts to develop exercise policy have continued there has been a resultant need to rely heavily on the less tangible tools of leadership, consensus, and coordination--this tack was embraced by ODPHP.

With these tools partially in place, the next effort was to imbue the efforts of ODPHP and its correspondents with more of the credulity and stature of national policy. This came about in the form of Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention. Along with an accompanying Background Papers document which explains in detail the recommended approaches to and scientifically based justifications for exercise and 14 other prevention areas, the Surgeon General's Report lays out goals for the health of five age groups and again makes the tripartite distinction between health promotion, health protection, and preventive health services. These goals have been further specified and objectives derived and publicized in Promoting Health and Preventing Disease: Objectives for the Nation. Again, one of the fifteen sets of objectives focuses on the goal area of physical fitness and exercise.

Recently ODPHP has convened various task forces to outline the action steps to be contributed by involved agencies, organizations and associations in an attempt to achieve the goals for the nation by 1990. ODPHP's leading role has been carried out by acting as facilitator of health promotion and disease prevention objectives for the nation. The objectives aim at improved health status, reduced risk factors, increased public/professional awareness, improved services/protection, and improved surveillance and evaluation; pursuit of these objectives is planned to include heavy involvement by schools, recreation providers, and the private sector. Implementation is still in its early stages and ODPHP has specific actions in mind, but, as noted above, will have to rely largely on its persuasive powers and those of the President's Council which is co-chairing the exercise/fitness initiatives.

Other Policy Related Organizations

In addition to the Council and ODPHP, there are of course, numerous other public and private organizations with an interest in physical fitness and exercise, whether it be from the standpoint of research, manpower development, or health education. No attempt will be made here to detail their program foci and activities. Details on these can be found in the Appendices which comprise summary activity reports on individual agencies. These reports serve as the foundation for this overview and the accompanying observations presented subsequently. Instead attention in this section is focused on organizations that are in positions of leadership or coordination with respect to constituent entities outside the health field and which represent different philosophies of exercise/fitness promotion. The agencies to be discussed are:

- In the area of recreation, the Department of Interior and the National Recreation and Parks Association

- The Department of Education

Recreation Promoters. In addition to those who actively promote exercise/fitness for its own sake or with the aim of improving health status are those who make opportunities available for engaging in physical activity. The overlap between exercise and recreation is a natural one even if the two are not fully congruent, i.e., not all exercise is recreation and vice versa. However, in recent years the relationship has been formalized as an aspect of public policy. For example, the Third Nationwide Outdoor Recreation Plan issued in 1979 by the former Heritage Conservation and Recreation Service (HCRS) of the Department of Interior emphasizes the physical and mental benefits of exercise and the link with recreation. The Plan calls for increased emphasis on the development of facilities and programs that support vigorous/strenuous pursuit. This is in concert with the health objectives for the nation concerning exercise that are being managed by ODPHP as described earlier and reflects the existence of HCRS's linkages with ODPHP and the President's Council.

It should be noted though, that the activities of the former HCRS in taking this tack in its planning/policy development represents a general convergence of philosophy with health promoters and an orientation to comprehensive planning and the same wide-ranging coordination in which ODPHP is engaging. Beyond that, it is important to recognize that most recreation planning is passive in the sense that people must be predisposed to active recreation before they will use the facilities. Interviews with the National Park Service and the Bureau of Land Management, as well as with the Department of Agriculture's Forest Service, revealed an orientation to resource management which basically opens wilderness lands or parks to the public for all uses compatible with preservation aims. Due to this orientation, high existing demand, and lack of financial resources, little is done in the way of active promotion by DOI.

Where active promotion of recreation is being conducted, however, there is a significant difference in philosophy from the health promotion orientation. Whereas, most promotion of exercise and fitness done by health agencies is oriented to vigorous, aerobic exercises, recreational promotion is much broader. The prime example encountered in this study is the

National Recreation and Parks Association's new Life: Be In It campaign. This promotional effort is extremely proactive in its use of various media, events and national coverage. The program was imported from Australia where it has met with great success. The key point about Life: Be In It is that it represents an attempt to appeal to the broadest possible segment of the public. It does not push a particular type of exercise, but rather emphasizes the value of being active in the use leisure time. NRPA's philosophy in sponsoring this type of campaign is that promotional efforts which emphasize aerobic or other strenuous activity are too narrowly focused and will not be effective in promoting behavioral change in the large segment of the audience that is not amenable to vigorous activity and/or an abrupt change in their behavior patterns (i.e., adopting a jogging regimen). NRPA's view is that any active pursuit of leisure has benefits for general well-being and that initial involvement in relatively easy or slow paced recreation (read enjoyable activity might lead naturally to pursuit of more vigorous activity later.

The intention here is not to take sides between approaches to fitness promotion, but to point out that different approaches exist and are not mutually exclusive. Time and additional monitoring and evaluation will be necessary to determine the relative efficacy of the approaches relating to viewing fitness as achieved by imposing a structure on lifestyle (e.g. fitness regimens) or incorporating increased activity levels as part of lifestyle (e.g. hiking, walking to work).

A final note about the translation of recreation policy into action is that it might begin to suffer from a lack of the instrumentalities mentioned earlier in this paper. These are strong leadership and coordination - which had been the purview of HCRS - and financial incentives. In the present climate of fiscal restraint, there is some doubt about future funding levels for programs such as the Land and Water Conservation Fund which provides both Federal and state agencies with funds for acquisition and development of recreation facilities and for State Comprehensive Outdoor Recreation Plans (SCORPs). The lack of meney for facilities or for SCORPs will remove a major incentive for states to plan well or to follow Federal leads in program emphases.

Education. Another area promoting fitness but outside the health sector is education. From the early days of the President's Council with its youth fitness orientation to today's efforts to achieve national health promotion objectives, schools have been recognized as important loci for promoting fitness. Although schools traditionally and, in most states and localities, by law have had to provide physical education (P.E.), there has been great diversity in the amount of P.E. to which students are exposed and in the content of the curricula that are followed. This seems to have come about for two reasons:

- An absence of anything approaching a national policy regarding P.E. in general and fitness in particular
- The historical autonomy of state and local public school governance

In this investigation, the activities of the Department of Education through its Office of Comprehensive School Health were examined. This Office was established two years ago to promote school programs with a comprehensive health education component and to build linkages with those programs and with health-related agencies.

The Office's policy is to encourage comprehensive, sequentially planned K-12 school health education programs. The Department's policy is not to support separate exercise and fitness curricula. The barrier to the development and more effective promotion of comprehensive curricula is that the office is largely unfunded. Specifically, a program of grants to states and local agencies for comprehensive school health education efforts was authorized by law, but has not received appropriations. Thus, the office has been placed in the same position as several other lead agencies discussed in this paper. It must rely on consensus and cooperation and is not able to provide financial incentives.

Further detail on the Office of Comprehensive School Health is provided in Appendix B. The status of fitness promotion in schools in three states investigated in this study is contained in the following section; further detail is presented in Appendix E.

A final note regarding promotion of exercise in educational settings concerns the trend in colleges and universities toward the de-emphasis of lifetime sports in favor of revenue producing sports. In 1978, it was reported that among the 722 members of the National Collegiate Athletic Association, there had been a 5 percent decrease in required general physical education courses.[7/] The National Conference on Education In Lifetime Sports conducted by ODPHP and the President's Council attacked this issue. However, it appears that no one has control over these developments and schools are free to follow their preferences especially those with built in financial incentives.

[7/] U.S. Congressional Record-Senate (September 29, 1978), Vol. 123, No. 155, p. S16566.

THE TRANSMISSION OF EXERCISE POLICY

Of critical importance in the formation and implementation of a national policy is the question of how it is promulgated to and carried out by state and local implementors. The system as it has existed to date has been characterized by such diffusion in the responsibilities of Federal agencies for policies and programs dealing with exercise that no real structure can be discerned in the downward flow of policy. Exercise policy has been piecemeal, if not ephemeral. Where it is piecemeal there are different systems, strategies, and philosphies. The preceding sections have referred to health systems, recreation systems, education systems, and private enterprise. In the absence of an overarching policy, decisionmakers and implementors in each sphere have acted more or less independently. Where policy has been ephemeral, exercise has been simply a traditional or undefined part of larger agendas.

Within this system of individual enterpreneurial efforts, there are some few ties between Federal and State governments in the transmission of policy. However, the few ties that do exist are maintained not because of the promulgation of a coherent policy stance on the part of the Federal government which is supported by the states, but rather because of the stipulations which exist in Federal agency grants to states for implementing fitness promotion activities. For example, the Center of Disease Control made available to 50 states over 16 million dollars in grant money in FY 1980. These funds were to be employed in state efforts to implement health education programs especially in the areas of smoking cessation and substance abuse-both areas of high visibility and potential political volatility. Only a small portion of these grants are used for promoting fitness and exercise.

To obtain these grants the states must engage in specific activities including:

- Establishing working relationships with local health promotion organizations
- Performing a statewide inventory of fitness and health promotion programs
- Performing epidemiological surveys of risk factors
- Establishing a surveillance system of morbidity and mortality
- Providing technical assistance to community organizations undertaking fitness and health promotion.

But even in pursuing these activities states differ in their emphasis and the procurement process employed. For example, the state of California issues RFPs focusing on areas of interest to them, while Georgia lets grants on a less competitive basis (details of states fitness promotion activities are presented in Appendix E). Though it matters little what type of procurement process is employed, states do seem to follow their own chosen course and areas of emphasis even when fulfilling contract/grant agreements. It should also be noted that states' emphasis on fitness promotion delivery has traditionally and still does focus on the school setting. Only recently have states begun to effect programs for special populations (e.g., handicapped, elderly).

This type of autonomous action is also pursued by states' other fitness promotion agencies with linkages or reporting responsibilities to Federal agencies. Both Governors' Councils and State Department of Education seem to behave relatively independently, free from the dictates of Federal coordinating or leadership agencies (i.e., the PCPFS, the U.S. Department of Education). Clearly, there exist certain bonds and shared goals that results in common activities, but fitness promotion is left almost entirely to the discretion of State agencies.

Examples of the variety of lead state agencies and their location in the hierarchy of government provide sufficient elaboration upon this point. Assessment of the fitness promotion policies and delivery mechanisms in the states of California, Ohio and Georgia revealed that the states themselves vary in the extent to which their fitness promotion efforts stem from specific policy goals and the extent to which these efforts are coordinated. The State Planning Committee for Health Education in Ohio (SPCHEO) for the past 30 years has provided a forum for the joint planning and coordination of health education programs, personnel and resources. The SPCHEO represents official state agencies, professional health organizations and universities. Physical fitness and exercise promotion, however is only one of many components in their health education efforts. The Governor's Council in California has recently formed an intergovernment coalition for the expressed purpose of coordinating fitness pormotion efforts on the part of the state and county government. That this group is specifically concerned with physical fitness and exercise promotion should result in effective coordination of a rather comprehensive program. To date the State of Georgia has not effected the coordination of their fitness and exercise promotion efforts. Their efforts in this area are many and diverse though no one agency has taken the lead in coordinating a comprehensive program of activities.

Although individually initiated state and local programs promoting fitness and exercise might be viewed as a failure of Federal policy to guide activities, this view would be wrong. The local implementation of programs can be based on an assessment of the needs of the community and therefore tailored to meet these needs although not necessarily fulfilling some more general and perhaps less appropriate purpose. However, the point to be made here is that there is a serendipitous synchrony that exists between the Federal governments' desire to enhance the fitness of the citizenry and local efforts to improve community residents' health, and that to date, states and localities have been the primary initiators of fitness promotion programs. To the extent that they could obtain Federal support (read funding) they also initiated programs that would fulfill grant or contract requirements. Additionally, as was observed in California, some of the local implementation efforts are effected by the private sector. For example, a local track club in Sacramento annually sponsors a four mile run. Again, these efforts are aimed at fulfilling community needs rather than specific mandates or grant requirements. It is perhaps for this reason that the private sector has figured largely in ODPHP's design to promote fitness. However, it should also be noted that business is rarely beneficent and that financial incentives (e.g., good press, tax write-offs,) are often at the heart of their philanthropy. To further ensure their efforts incentives will have to be present or provided continually.

OBSERVATIONS ABOUT FITNESS POLICY

At the beginning of this chapter several criteria were set forth as hallmarks of policy. Briefly restated, these criteria require that policy be formalized, based on a proven need, and aimed at certain goals. Further, there should be plans of action that are generally accepted and there should be ways of measuring the success of the actions taken. Finally, to qualify as national in scope and importance, the policy should include all key decisionmakers and implementors, not only at the national level, but at state and local levels as well. With these criteria in mind, a number of observations about the United States' fitness promotion policy and delivery systems can be made. These are presented in the following paragraphs.

The first observation is that there has not been a unified policy on physical fitness that meets these criteria. To be sure, there have been formalized statements and there has been documentation of the need for action, at least in terms of the substantial benefits that would accrue to individuals and society if people exercised more. However, there has not been a policy which is clear, consistent, and comprehensive. In addition to the countless isolated or categorical initiatives that have taken place for reasons of preference, tradition, social benefit, or financial gain, there have been several fitness related strategies which have had many of the characteristics of policy. Specifically, within DHSS there is an emergent strategy that has increasingly recognized the value of physical exercise as a means of preventing disease. The rationale is that certain modifications in personal behavior constitute a good defense against chronic disease and the high costs of medical care. The primary proponent of this strategy is ODPHP which is increasingly acting to coordinate policy formulation/dissemination and program delivery mechanisms. Their efforts are however still in progress; the full impact of their strivings is yet to be realized.

In addition to the health strategy, there has been a recreation strategy which emphasizes the full spectrum of leisure activities as a means to general well-being. This system which is Federally based in the Department of Interior (and nationally based in the private sector in NRPA) seems to have a well structured process for identifying issue areas and for gaining consensus on appropriate actions. The recreation system incorporates a wide-range of actors and contains several instruments for effecting the policy. Here again, exercise and fitness are acknowledged aspects of recreation policy, but are considered along with numerous others. Perhaps the most salient point about the recreation strategy for this study though, is that is encompasses a wide array of activities many of which have little to do with directly improving physical health.

To a large degree overlapping the health and recreation strategies is the area of sports and physical performance. This overlap lies in the fact that many sports have health benefits and virtually all of them are engaged in for their enjoyment value. Aside from these aspects, however, a large part of the interest in and promotion of both individual and team sports and conditioning regimens seems to be rooted in an interest in competition and in being strong, coordinated and generally capable. The earlier discussion about the initial emphasis of the President's Council touched on this orientation. Also, in spite of recent countervailing efforts, there seems to be a substantial residual emphasis in school physical education programs on team sports and strength enhancing activities. While the sport/fitness arena appears to be neither fish nor fowl in terms of health or recreation it would seem to present both an obstacle and an opportunity for those interested in promoting exercise. The obstacle lies in the task of engendering in the implementors of sports and physical education a commitment to promote the health benefits of sports and exercise regimens and to emphasize lifetime sports. In addition, such efforts may not be in concert with the competitive and participatory factors that make sports appealing. The opportunity is that predisposition of many people to sports may serve as an avenue of approach that would not otherwise be open.

Further discussion of sports in terms of policy, goverance structures, and promotion is presented in the following section.

In short, it appears that whereas a preeminent exercise and fitness strategy has not existed, there are several strategies which historically have operated more or less automonously. All of them acknowledge to some degree the importance of exercise and physical fitness; however, in each case fitness is one part of a strategy to achieve a broader set of outcomes. Thus, fitness is sanctioned and promoted, but does not carry with it the primacy and visibility of a more global or overarching policy. Instead, the different strategy areas, while somewhat complementary, also tend to offset each other (such problems were observed with some regularity during the course of this assessment).

The complementary aspects of the different systems are that there are numerous opportunities for building linkages through cooperative agreements, information sharing, joint use of promotional mechanisms, and financial cooperation. However, the nature of such a system is such that there is a greater likelihood that differences in philosophy will persist and that the mechanisms for channelling prescriptions for action and the resources to carry them out will remain sufficiently diverse as to perpetuate the need for intensive efforts in coordination and consensus building among implementors. Such differences also ultimately tend to present the public with mixed signals that are relatively hard to read.

This diversity at the national level raises the issue of the pathway by which policy travels to the intended implementors. Simply put, the existence of multiple strategies is matched by the existence of even more complex pathways. Within policy/strategy areas there are numerous mechanisms for transmitting information and assistance both technical and financial. This is particulary true in the health area. ODPHP has emerged as a viable lead agency and is pursuing the arduous task of creating a system for implementing policy in the various areas specified in the health objectives for the nation. However, for the exercise/fitness initiatives alone there are numerous relevant agencies and programs both in and out of DHSS and the Federal government which operate in an independent or categorical manner. More often than not, their counterparts at the state and local levels have the option to spend money or otherwise take action in accordance with their own priorities. The emphasis given to fitness and exercise in such a system is bound to vary greatly.

This leads to a point which surfaced repeatedly in the course of this investigation, i.e., the lack of incentives for state and local entities to carry out exercise and fitness related policies developed at the national level. In almost every instance, policymakers and program heads have to rely heavily on developing consensus, forging cooperative links, and disseminating guidelines or instructional materials. Various mechanisms which have a primary emphasis on fitness have been set up by law to provide funding for state and local action. Most notable are the grants authorized for state councils on fitness, comprehensive school health curricula, State Comprehensive Outdoor Recreation Plans, and CDC Risk Reduction Grants. The first two have never been funded while the funding for SCORPs was, at the time of this investigation reported to be in jeopardy. The inability to provide financial incentives such as these removes an important lever from the hands of those trying to effect a national effort. Only CDC's grant offerings have carried with them stipulations regarding appropriate/required use of funds actually granted. States reported general compliance with these requirements and noted the benefits of participating in the program. However, expenditures on fitness represent only a very small part of CDC grant expenditures.

The importance of financial incentives is underscored by the encouraging response of private industry to the idea of establishing employee fitness programs. Even in the absence of tax incentives (one of the measures contemplated in the Objectives for the Nation), a growing number of firms have established fitness programs. However, their enthusiasm may be due largely to the presence of a built in financial incentive which exists in the form of the expected improvements in attendance, productivity, morale, and decreased health insurance claims and turnover.

Although not a formal part of this investigation, a relevant observation is that there has been an upsurge in the commercial promotion of exercise and fitness. This is an area which is relatively uncontrollable from a policy standpoint. However, its growth supports the findings of various surveys and general assertions that physical fitness is of increasing interest in this country. This in turn bodes well for the ability of national strategies promoting exercise and fitness to achieve success. However, the initial observation that a unified national policy for promoting fitness has not existed to date still remains. Together these observations indicate that policy development efforts like those now being made by ODPHP and the President's Council are late in coming, following a trend, rather than presaging it. However, from our assessment of the fitness promotion activities engaged in by Federal and State governments and private organizations and associations, a cooperative and comprehensive national fitness policy and program is achievable. The operating structures exist but the incentives are scattered or non-existent. ODPHP, in attempting to fulfill their mission is trying to coordinate the many actors' activities with special emphasis on the private sector. Given, the general lack of incentives or direct guidance made available by the Federal and State governments this seems the only rational tack.

A final observation concerns the systems that supply the information used to justify and direct exercise promotion and to monitor its effects. The first system involves the creation and maintenance of a scientific base regarding the effects of physical exercise on various aspects of health. This investigation revealed that a substantial amount of research has been conducted, the largest single source being the National Heart, Lung and Blood Institute (NHLBI). However, it appears that exercise research has not generally received formal priority in the agendas of researchers and the means by which specific efforts come about is a bit unclear. However, at some agencies like the National Institute on Aging exercise related/research is gaining momentum and committment to devote some resources to pursue such work has been made.

In addition, in agencies performing exercise related research, e.g., several of the National Institutes of Health, there seems to be no established mechanism for coordination of effort across organizational lines. However, information sharing through both formal and informal mechanisms occurs and as a function of this data sharing and documentation of the broad impacts of exercise, exercise related research is gaining slowly in popularity at many of the Federal research institutes.

In its efforts to work toward the health objectives for the nation, ODPHP has or will soon initiate linkages to ensure a more formal recognition and emphasis of exercise as an important area for continued research. Earlier in this paper it was pointed out that existing research has provided a rationale and a basis for concern with the promotion of exercise at least from the standpoint of a policy emphasizing health promotion. However, for the policy to be properly directed over time, it will be important to seek out new findings which could overturn, redirect, or reemphasize some of the ongoing efforts. ODPHP's plans for influencing research agendas if successful would meet this need and provide a central point for synthesizing findings and signalling implementors.

The system for monitoring the effects of efforts to promote exercise are similarly diffuse and lacking in uniformity. As noted in the earlier section on trends in exercise participation, several surveys have been taken. However, there does not seem to be any means of assuring that monitoring data will continue to be collected, especially in a way that will provide a clear indication of trends. In addition to overall estimates of participation for various groups and activities, it would be desirable for efforts to be undertaken to determine the relative efficacy of different approaches. Relevant here is the previous discussion of philosophies of exercise that emphasize health oriented promotion of aerobics versus a broader range of leisure pursuits (as in Life Be In It) and sports/competition oriented promotion. The point here is not to prescribe the institutionalization of a periodic national fitness survey, but rather to indicate a need for coordination and consistency in the use of existing surveys. Most prominent among these are the Health and Nutrition Examination Survey (HANES) and Health Information Survey (HIS), both sponsored by the National Center for Health Statistics in the PHS. HANES already collects some information relevant to assessing fitness levels (e.g. blood pressure, resting heart rate) as part of their normal clinical assessment of American's overall health. Additional pertinent measures might be readily included. The HIS is designed to include annual special interest supplements. Earlier ODPHP had included a health habit survey supplement and obtained data from a representative sample of approximately

40,000 households and 120,000 citizens from all age groups. Clearly, similar supplements could be designed to focus on exercise as well as other health behavior information for periodic inclusion as a supplement in the HIS (e.g. each third or fourth year). Though other surveys sponsored by other agencies are available means of assessing information, the HANES and HIS should be the means of first resource because of their economy, regularity and the amount of control that the government might exert over their design and administration. Further detail about both surveys are presented in the NCHS activity summary in Appendix A.

In addition to periodic assessments of the general public's fitness a series of specialized studies to determine the effects of particular initiatives would be beneficial. In point of fact, the evaluation of special initiatives is included in the goals and objectives set for the nation; impartial vendors of research will be required to implement such specialized assessment activities.

DISCUSSION AND OBSERVATIONS ABOUT SPORTS POLICY

This investigation was aimed at identifying national policies and tracing the process by which they are developed and implemented in two areas - exercise and sports, both of which are viewed for purposes of this effort as facets of physical fitness. The preceding sections of this paper have dealt with the first area with only scattered references to sports as it relates to exercise promotion and recreation. This section focuses exclusively on sports, covering in turn the governance structure, sports medicine, sports promotion for the public, and observations regarding local implementation and motivation to participate.

Governance

The only formal system for a national (or even State) sports policy encountered in this study is the set of organizations that govern elite amateur competitions especially those leading to participation in international sports events like the Olympic Games. At the top of the organizational pyramid is the U.S. Olympic Committee (USOC) which has been designated by the Amateur Sports Act of 1978 as the coordinating body for amateur athletic activities. Among the USOC's responsibilities is designation of other organizations as national governing bodies for those sports included in the programs of the Pan American and Olympic Games. The USOC is a private corporation which receives its funding from private sponsors and public donations.

The duties of the national governing bodies include:

- Developing interest in participation in their sports,
- Representing the U.S. in international sports federations,
- Conducting amateur athletic competition, and
- Recommending to the USOC the individuals and teams to represent the U.S. in the Olympic and Pan American gains
- Sanctioning participation in international amateur athletic competition

A listing of national and international governing bodies including the representation of the national bodies in the in the USOC House of Delegates is shown below.8/

LIST OF THE NATIONAL AND INTERNATIONAL GOVERNING BODIES

Group A—Appendix—Revised March 1, 1978

Sport	Delegates	Basic votes	National governing body	International governing body
Archery	5	50	National Archery Association (NAA).	International Archery Federation (FITA).
Athletics	10	100	Track & Field Division (AAU)	International Amateur Athletic Federation (IAAF).
Baseball	5	50	U.S. Baseball Federation (USBA)	International Baseball Association (AINBA).
Basketball	5	50	Amateur Basketball Association of The U.S.A. (ABAUSA).	International Amateur Basketball Federation (FIBA).
Biathlon	5	50	U.S. Modern Pentathlon & Biathlon Association (USMPBA).	International Modern Pentathlon & Biathlon Union (UIMPB).
Bobsledding	5	50	Bobsledding Division (AAU)	International Bobsleigh & Tobogganing Federation (FIBT).
Boxing	5	50	Boxing Division (AAU)	International Amateur Boxing Association (AIBA).
Canoeing	5	50	American Canoe Association (ACA)	International Canoeing Federation (FIC).
Cycling	5	50	U.S. Cycling Federation (USCF)	International Federation of Amateur Cyclists (FIAC).
Equestrian	5	50	American Horse Shows Association (AHSA).	International Equestrian Federation (FEI).
Fencing	5	50	Amateur Fencers' League of America (AFLA).	International Fencing Federation (FIE).
Field Hockey	5	50	Field Hockey Association of America (FHAA) (Men's). U.S. Field Hockey Association Inc. (USFHA) (Women's).	International Hockey Federation (FIH). International Federation of Women's Hockey Association (IFWHA).
Figure skating	5	50	U.S. Figure Skating Association (USFSA).	International Skating Union (ISU).
Gymnastics	5	50	U.S. Gymnastics Federation (USGF).	International Gymnastics Federation (FIG).
Ice Hockey	5	50	Amateur Hockey Association of the U.S. (AHAUS).	International Ice Hockey Federation (IIHF).
Judo	5	50	Judo Division (AAU)	International Judo Federation (IJF).
Luge	5	50	Luge Division (AAU)	International Luge Federation (FIL).
Modern pentathlon	5	50	U.S. Modern Pentathlon & Biathlon Association (USMPBA).	International Modern Pentathlon & Biathlon Union (UIMPB).
Roller skating	5	50	U.S. Amateur Confederation of Roller Skating (USACRS).	Federation Internationale de Roller Skating (FIRS).
Rowing	5	50	National Association of Amateur Oarsmen (NAAO).	International Federation Rowing Societies (FISA).
Shooting	5	50	National Rifle Association of America (NRA).	International Shooting Union (UIT).
Skiing	5	50	U.S. Ski Association (USSA)	International Ski Federation (FIS).
Soccer football	5	50	U.S. Soccer Federation (USSF)	International Federation of Association Football (FIFA)
Softball	5	50	Amateur Softball Association of America (ASA).	Federation Internationale de Softball (FIS).
Speed Skating	5	50	U.S. International Skating Association (USISA).	International Skating Union (ISU).
Swimming, diving, water polo	10	100	Swimming Division (AAU)	International Amateur Swimming Federation (FINA).
Team handball	5	50	U.S. Team Handball Federation (USTHF).	International Handball Federation (IHF).
Tennis	5	50	U.S. Tennis Association (USTA)	International Tennis Association (ITA).
Volleyball	5	50	U.S. Volleyball Association (USVBA)	International Volleyball Federation (FIVB).
Weightlifting	5	50	Weightlifting Division (AAU)	International Weightlifting Federation (IWF).
Wrestling	5	50	Wrestling Division (AAU)	International Amateur Wrestling Federation (FILA).
Yachting	5	50	U.S. Yacht Racing Union (USYRU).	International Yacht Racing Union (IYRU).

8/ Amateur Sports Act of 1978. Hearings Before the Subcommittee on Administrative Law and Governmental Relations of the Committee on Judiciary House of Representatives., H.R. 12626 and H.R. 12920. June 21-22, 1978

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In addition to overseeing the competitions sponsored by the national governing bodies, the USOC has developed training centers to provide facilities, accommodations and training support for athletes selected by each sports governing body. Each training center contains a sports medicine program developed by the USOC Sports Medicine Committee.

In is worth noting here that many actors are becoming involved in the study or promulgation of sports medicine. For example, the National Collegiate Athletic Association (NCAA) has formed a standing committee on sports medicine. To date they have issued a number of policy statements and information bulletins on various medical problems endemic to sports and means of remediating or preventing such problems. Another agency assuming a posture in the sports medicine arena is the American Medical Association. They have also formed a standing committee on sports medicine emphasizing but not restricted to orthopedics. The committee has also been charged with building a comprehensive sports medicine library to be used primarily by medical professionals though accessible to the public and to design and disseminate sports medicine information. Many other agencies participate in the sports medicine arena and it is clear that although one of the motivations for such interest is the safety and well being of all athletes and sports participants another is that sports medicine is a booming and lucrative industry.

Below the level of the USOC and the sports governing bodies are the National Collegiate Athletic Association and the National Association of Intercollegiate Athletics which set standards for and sponsors intercollegiate athletic event's in numerous sports.

The only discernible Federal involvements in sports policymaking are:

- The goals and activities of the President's Council in encouraging sports participation through information dissemination and sponsorship of special programs and events that involve mass or novice participation

- The deliberation of the Presidential Commission on Olympic Sports in recommending the current structure and responsibilities of the USOC

- The encouragement of a greater emphasis of lifetime and aerobic sports in school physical education curricula

- The passage of Title IX of the Education Amendment of 1972 which requires schools to provide opportunities for girls and women in all aspects of education, including women's sports.

Thus, it appears that to the degree that a national system exists for developing and carrying out a sports policy, it is oriented toward providing for the development of and competition between elite athletes. Alternatively, there are countless sports programs throughout the country which are sponsored by local governments, private companies, churches, fraternal organizations, and independent leaques. The bulk of these efforts call for participation in team sports which seem to be popular because people have been socialized to identify with and therefore emulate the image of strength and proficiency held forth by professional and other elite athletes and because sports provide a unique vehicle for enjoyment, achievement, deriving feelings of competence, teamwork, and the development of a spirit of fair play. Thus, sports participation is traditional and largely self-promoting and self-reinforcing.

Beyond the two goals of providing for the development of elite athletes and enhancing the concept of sports for all in health promotion and recreation strategies, there is little in the way of clearly enunciated national sports promotion strategy and no clear pathway for channeling resources to state and local implementors. Where national sports related bodies have counterparts at other levels, e.g., the Governor's councils on fitness and sports and state olympic committees, there is a lack of clear or uniform goals and activities and slight allocation of resources. Our investigation of sports promotion in three states indicated little or no official emphasis on sports except as a part of ongoing recreation and education efforts. But again, it is important to note that sports activities really need little in the way of promotion. They are the activities that comprise childhood play. They have the power to evoke the strongest of feelings. They pit self or team against some difficult standard or opposing team. Exceptional performance in a sport results in a sense of self-exultation; in team sports, others are also lauded. Poor performance often evokes feelings of dismay; thus, "the ecstasy of victory and the agony of defeat." A love of sports is inculcated in every American from a child's first exposure to our society. Promotion of sports is everywhere; professional sports, amateur sports, little leagues and paewee leagues, parents' aspirations and peer pressure all focus, at some point, on involving others in the pursuit of excellence in sports. Performance itself becomes a functionally autonomous reinforcer. Tom Wolfe in his recent work, Mauve Gloves & Madmen, Clutter & Vine observed that "this country is full of about 100 million men who once played a little ball, some sport, some time, some place. And wherever it was, it was there they left whatever feeling of manhood they ever had. It grew there and bloomed there and it died there, and now they work hard at some job where the manhood thing doesn't matter, and the years roll by."

Perhaps sports for the general public are not promoted because as Wolfe suggests it is a generally held social truth that everyone plays(ed) and enjoys(ed) them. Though the focus here is on the male ego it applies in a similar fashion to the developmental processes involved in a female's coming to terms with herself. However, unlike Wolfe's observation, it is generally contended that though the "manhood thing doesn't matter" over time it shouldn't, we should transcend that, a good part of our self image was formed through our youthful participatory activities and that they remain with us as does our love of sports-both as a participant or spectator.

Perhaps it is only the promotion of sports for the elite athlete that is necessary since true excellence requires use of substantial resources that are not generally available. Our assessment could not determine this-no assessment could. We could say however that although sports are not actively promoted through policy, implicit promotion occurs in the business of sports. A general policy would be probably be welcomed but it is unclear that much would change should it be evinced.

APPENDICES

FITNESS PROMOTION ACTIVITY SUMMARIES

Appendix A	The Fitness Promotion Efforts of the Department of Health and Human Services
Appendix B	Fitness Promotion Efforts at other Federal Agencies
Appendix C	Fitness Promotion Efforts of the Independent Agencies
Appendix D	Fitness Promotion Activities Sponsored by the Private Sector
Appendix E	Fitness Promotion Activities Sponsored by the States
Appendix F	Summary of Fitness Promotion Activities

APPENDIX A

The FITNESS PROMOTION EFFORTS
OF THE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF DISEASE PREVENTION AND HEALTH PROMOTION

The Office of Disease Prevention and Health Promotion (ODPHP), like the President's Council on Physical Fitness and Sports, has a broad Federal mandate to develop, conduct, and coordinate activities related to physical fitness. In 1976, Title XVII of Public Law 94-317 established the Office of Health Information and Health Promotion (OHP) in the Office of the Assistant Secretary for Health. The Office of Disease Prevention and Health Promotion (ODPHP) was designated in January, 1979 and became the framework for operation of OHP and the Office of Physical Fitness and Sports Medicine. The latter office was created by P.L. 95-626, but the funds authorized for its operation have never been appropriated. The function/administration of the office was subsequently joined with that of OHP.

ODPHP's mission is to serve as a focal point for a variety of prevention activities among which physical fitness is prominent. Its other general areas of concern are preventive health and health protection.

In carrying out its mission, ODPHP has been at the forefront of an iterative process of policy formulation concerning exercise. Earlier DHEW health promotion activities had emphasized the negative effects of smoking. This emphasis dates back to 1964 with the issuance of a Surgeon General's Report on Smoking and Health. However, the iteration which eventually formalized the importance of exercise and fitness as a means to good health began shortly after ODPHP was created. The report of the Department Task Force on Prevention noted the need for a broad emphasis on prevention and health promotion. This report called for increased DHEW efforts and catalogued the types of efforts being undertaken in the Department at that time. The report's recommendations were instrumental in bringing about an increase of about $86 million from Fiscal Year 1979 to Fiscal Year 1980 in the amount budgeted by the Department for prevention programs.

The next step in which ODPHP played a leading role was development and production of Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention The report broadened the focus of earlier efforts and called for a national emphasis which would involve individuals, community organizations and private industry, as well as Federal agencies. It also set goals for 1990 stated in terms of reduction in death rates or average annual days of confinement for five groups: infants, children, adolescents and young adults, adults, and older adults. In the development of this report, a process was begun in which policy is developed through the participation of experts from various relevant agencies. Specifically, background papers for the report were provided under the aegis of the Institute of Medicine of the National Academy of Sciences. In addition to presenting findings and formalizing goals for enhancing the nation's health status in an atmosphere of consensus, the background papers established a scientific base for the Surgeon General's recommendations. Evidence of the effects of regular exercise, especially regimens involving aerobic activities, on cardio-vascular health and other aspects of physical well-being was cited based on a review of the then current research.

The policy development process continued with steps to ensure that the goals and concerns laid out in Healthy People would be followed by action. This involved drafting and gaining further consensus on an operable set of objectives. A Conference on Prevention sponsored by ODPHP and held in Atlanta in June of 1979 (shortly before release of the Surgeon General's Report) resulted in a draft set of objectives which were widely circulated for comments in the Fall of 1979. About 3,000 parties were asked to review the draft objectives. The draft objectives were revised and reproduced in 1980 in the report Preventing Disease, Promoting Health: 1990 Objectives For The Nation. In this report, exercise and fitness were presented together as one of 15 areas for which objectives were stated.

The process continued with the formation of implementation/strategy committees for each of the 15 areas. The committee on exercise is co-chaired by staff persons from ODPHP and The President's Council on Physical Fitness and Sports. The work of the committee will be to encourage the development and implementation of direct program approaches by public agencies, to focus research agendas as a means of maintaining the scientific base for further policy and program development, and to develop mechanisms for diffusing exercise policy. This last point is a key theme of ODPHP. Specifically, if policy is to be truly national in scope, it will be necessary to bring about action at all levels of government and through the private sector. In addition to the efforts already made in this regard by the President's Council, ODPHP plans to enter into cooperative agreements with such private organizations as the YMCA and the Red Cross to develop training packages and programs to instruct fitness program leaders who can work in community, worksite, and health care delivery settings. Other plans include working with hospitals to contract out fitness programs to private industry.

The point in describing these ODPHP activities is that they represent the fruition of a policy development process which has been several years in the making. Additionally, this process is the only effort encountered in this investigation which has had the formal structure, the broad consensus, and the national scope necessary to be called policy development in a positive and deliberate sense.

ODPHP's plans for maintaining the progress of fitness related health promotion efforts are not fully developed at this time. Monitoring is intended to address in turn three questions:

- What is the fitness status and behavior of various segments of the population?
- What is the efficacy of different approaches to encouraging exercise?
- What can be done to make further changes?

The Office reports that its efforts in this regard initially will involve looking at the results of various surveys. These include the Health and Nutrition Examination Survey, administered periodically by the National Center for Health Statistics (NCHS) which ODPHP hopes to get expanded to include fitness data, and the results of the Youth Fitness Test by the American Alliance of Health, Physical Education, Recreation and Dance and the President's Council on Physical Fitness and Sports. In 1978, the Office also conducted in cooperation with the NCHS a survey on health habits.

ODPHP has undertaken two technical assistance/demonstration projects at the community level. The first was implemented in 17 communities and emphasized reduction of health risks through changes in health habits. The second documented health promotion experiences in five communities.

The activities of ODPHP cover a range of health promotion, prevention and protection concerns that may not include exercise and physical fitness. Within the health promotion area, the office's program is structured to deal with five issues:

- Smoking cessation
- Reducing misuse of alcohol and drugs
- Improving nutrition
- Encouraging exercise and fitness
- Managing stress control

Promtional efforts generally cut across these issues in terms of the settings in which they are targeted. Five health promotion settings have been identified:

- School
- Home
- Worksite
- Health care facilities
- Community organizations

Some of the major program activities of ODPHP which deal with the above listed issues and settings are described below. The description presents highlights and is not intended to be exhaustive in view of the fact that to date little has been done by ODPHP that focuses primarily on exercise and physical fitness. The various aspects of the evaluation contract under which this investigation is being performed constitute some of the office's most focused efforts in this area.

ODPHP operates the National Health Informaton Clearinghouse (NHIC) the purpose of which is to identify health information resources at all levels. The NHIC which began in 1980 will facilitate information dissemination to the public, health planners and providers, and educators. Plans call for inclusion in the NHIC of materials on sports medicine research. A related informational activity is the National Health Promotion Media Campaign which will disseminate health promotion materials dealing with health risks through print and broadcast media. The campaign is connected to the clearinghouse in that it directs information seekers to the NHIC for ODPHP and other identified relevant brochures and information packets.

ODPHP also has conducted or co-sponsored conferences dealing with various aspects of health promotion. Of particular relevance to this study was the National Conference on Physical Fitness and Sports for All in February of 1980. This event was cosponsored by the then Office of Education and implemented with the assistance of the staff of the President's Council.

In addition, eight regional forums on community health promotion were held to encourage health promotion at the local level. The results of these meetings were published in a booklet entitled Promoting Health : A Source Book which describes model promotional approaches and identifies resources available to local implementors.

PRESIDENT'S COUNCIL ON PHYSICAL FITNESS AND SPORTS

Of all Federal Agencies, the Council (PCPFS) has the longest history of responsibility for and involvement in exercise and sports policy. The Council was first established as the President's Council on Youth Fitness in 1956 as a response to the findings of the Kraus-Weber test which indicated that levels of fitness among American youth were low compared to their European counterparts. Thus, in its early years the Council was concerned primarily with the development of fitness and sports programs in schools and other community settings where young people could participate.

Without presenting exhaustive treatment of the Council's gradual shifting of focus, it is important to note that it has undergone a steady broadening in regard to its scope of concern. A key point in this development occurred when President Nixon gave the Council its present name and expanded its membership to 15. Presidentially appointed membership of the Council came to include educators, well known sports figures, and physicians concerned with sports medicine and cardiovascular research. The breadth of the Council's purview is embodied in Executive Order 11562 (amended in 1976) which lists the following goals for the Council:

> "(a) Enlist the active support and assistance of individual citizens, civic groups, professional associations, amateur and professional sports groups, private enterprise, voluntary organizations and others in efforts to promote and improve the health of all Americans through regular participation in physical fitness and sports activities;
>
> "(b) initiate programs to inform the general public of the importance of exercise and the link which exists between regular phsyical activity and such qualities as good health and effective performance;

"(c) strengthen coordination of Federal services and programs relating to physical fitness and sports participation;

"(d) encourage State and local governments to emphasize the importance of regular physical fitness and sports participation;

"(e) seek to advance the physical fitness of children, youth, adults, and senior citizens by systematically encouraging the development of community recreation, physical fitness and sports participation programs;

"(f) develop cooperative programs with medical, dental, and other similar professional societies to encourage the implementation of sound physical fitness practices;

"(g) stimulate and encourage research in the areas of physical fitness and sports performance;

"(h) assist educational agencies at all levels in developing high-quality, innovative health and physical education programs which emphasize the importance of exercise to good health;

"(i) assist business, industry, government and labor organizations in establishing sound physical fitness programs to elevate employee health and to reduce the financial and human costs resulting from physical inactivity."

These goals give the Council virtually blanket responsibilities and opportunity to work with and coordinate the efforts of various levels of government and the private sector. To understand the Council's efforts in pursuing this mandate the following things should be noted:

- The Council has always been supported by a small staff and a small budget
- The Council staff has undergone several organizational placements

As a result, the Council, through its staff, has operated in an independent manner, using the above-stated goals for guidance and attempting to develop a network of surrogates and co-sponsors who could spread information and implement programs across the country. This orientation has resulted in a number of contacts/affiliations; prominent among these are:

- Various private sector companies that serve as co-sponsors for fitness or sports related programs or single time events. These sponsors typically bear all costs except for limited amounts of Council staff time involved in program design, review and approval.

- Governor's councils on fitness and sports which exist in about half the states to carry out the same type of promotional activity at the State level as the Council pursues at the national level. These councils receive no financial support from the Federal level and operate with varying levels of permanence and dynamism.

- The American Associatin of Fitness Directors in Business and Industry (AAFDBI) which was created in 1977 as a result of growing interest in employee fitness programs. AAFDBI is a non-profit corporation which receives technical assistance from the Council and lists the Council's staff offices as its address.

- The American Alliance for Health, Physical Education, Recreation and Dance (AAHPERD), a group of fitness and sports related associations which implements the Youth Fitness Test program. This test is carried out in schools serving children 10-15 years old and is sponsored by the Council in the form of the Presidential Physical Fitness Award for exemplary performance. This relationship provides a foundation for cooperation with AAHPER as a whole, as well as with its individual member associations.

One of the Council's recent organizational placements was in the Office of Special Health Initiatives in the Office of the Assistant Secretary for Health. This was later re-designated as Office Disease Prevention and Health Promotion (ODPHP). ODPHP had an emerging concern with exercise as a result of the Departmental Task Force findings and recommendations (see: Disease Prevention and Health Promtion: Federal Programs and Prospects, 1978) and the events leading to production of the Surgeon General's report Healthy People (1979). For the most part, the Council and its staff continued to pursue their own agenda during this period.

The Council's relationship to ODPHP was formalized with passage of P.L. 95-626, the Health Services and Centers Amendments of 1978. This legislation created within ODPHP an Office of

Physical Fitness and Sports Medicine to which the Council is to serve as an Advisory Body. Although the new office has never been funded, th Council and its staff have worked with ODPHP and the then Office of Education in the conduct of the National Conference on Physical Fitness and Sports For All (also required by P.L. 95-626) and in initial pursuit of the national health objective for 1990 regarding exercise.

The policy making activities of the Council can be viewed as iterative in that the staff's open-ended eforts to carry out the Council's goals usually meet with the Council's approval and are followed by continuance or extention of activities. New emphases or points of departure may arise from emerging trends in fitness related attitudes or activities, new opportunities stemming from current efforts, the creativity or perceptiveness of the staff, or from ideas and preferences of Council members or even the President, to whom the Council is ultimately responsible. It is important to note here that although the Council's goals and many of its activities are national in scope, neither the broad goals nor the Council's directives can be viewed as national policy. Rather, the Council and its staff have been charged simply with doing everything in their power to enhance fitness and sports related activity. Their efforts in carrying out this mission have been intense. But lack of resources and a seeming preference for working outside of government, have made the Council largely dependent on the preferences of numerous others in formulating specific actions. As a result, the Council can be viewed as having achieved a great deal with very limited resources, but as having been unable to develop and carry out a focused national policy.

The type of activities conducted or encouraged by the Council's staff encompass in varying degrees the activity categories investigated in this study. These activities were categorized and described in an earlier report by The Granville Corporation. These categories of activity are excerpted and described below:

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A Report on the Fitness and Health Promotion Delivery System of the United States

For the Office of Health Promotion and
Disease Prevention
Department of Health and Human Services

July 21, 1981

"This report is made pursuant to Modification 11 of Contract No. 282-78-0183-DN. The names of the persons employed or retained by the Contractor with management or professional responsibility for such work or for the content of the report are Robert Bozzo, Paul J. Brounstein, Ph.D., Patricia Berger-Friedman, Cynthia Henderer, and Jane F. McGlade"

- Public Information. Programs having the intended goals or objectives of increasing public awareness of the benefits of physical fitness, and/or ways of becoming fit, and/or causing individuals to undertake a fitness program.

- Fitness Programs. Programs having the intended goals or objectives of establishing fitness facilities and/or fitness programs for either the community in general or for special groups.

- Participatory Events. Programs having the intended goal or objective of increasing the number of individuals engaged in fitness regimens by creating competitive incentives.

- Capacity Building and Sharing. Programs having the intended goals or objectives of establishing organizational structures and increasing knowledge and skills for the promotion and conduct of physical fitness activities.

In addition to the categories of activity listed above, the Council, through its staff serves in a general advisory and coordinative capacity with numerous organizations. These include public agencies engaged in fitness related research (e.g., NHLBI), and national and international amateur sports bodies.

A final note concerning the Council's involvement in developing and implementing national policy is that its staff has recently played a leading role in the activities of an interagency task force formed by ODPHP which has been formed to take action in pursuit of the national health objectives for 1990 regarding exercise.

ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

It is the Alcohol, Drug Abuse, and Mental Health Administration's (ADAMHA) stated mission to provide leadership in the Federal effort to reduce and where possible eliminate health problems in the general population caused by licit and illicit substance abuse as well as to improve the mental health of the citizenry. In pursuit of this general goal ADAMHA conducts and supports research activities on the antecedents and impacts of substance abuse and mental health; supports the training of professional personnel in the areas of prevention and treatment for substance abuse and poor mental health; develops standards and regulations regarding quality control of services; supports acquisition and development of treatment and research facilities and assists, as best it can, state and local service providers.

There are three major components which organizationally comprise the program implementation arm of ADAMHA - the National Institute on Alcohol Abuse and Alcoholism (NIAAA), The National Institute on Drug Abuse (NIDA) and the National Institute of Mental Health (NIMH). ADAMHA as an organization has not set physical fitness or exercise as a priority item in their policy, research, training or information disseminatin agendas. Persons interviewed do not foresee these issues as achieving priority status in the near or foreseeable future. Neither NIDA or NIAAA have focused any real attention on the relationship of fitness to substance abuse. On the other hand NIMH has sponsored investigations of the role played by physical fitness and exercise in several aspects of mental health. It should be noted that pursuit of this research has often been for the sake of comparisons with other therapies to determine the latter's effectiveness or incidentially as a potentially interesting variable. Although the research on fitness and exercise has to date not been programmatic, the results of previous studies have heightened NIMH's interest in pursuing the study of the relationship between exercise and fitness with mental health. Recent research has focused on specific points across a broad range of the facets of mental health including:

- Exercise and obesity
- The impact of exercise on the mental health of the aged
- The effects of exercise (jogging) on depression; stress reduction; aggressive behavior
- The relationship between physical activity and general mental health

- The effectivenss of running as an adjunct to psychological therapy
- The effects of physical activity on the physiological and emotional responses of the disabled.

Results from such studies are shared freely both within ADAMHA and outside ADAMHA with any interested parties. Many of the studies are published in professional journals.

NIMH has an extensive information sharing network that includes State and local agencies as well as other Federal agencies. Pertinent information could easily filter down from NIMH to the actual service providers and impact immediately upon clients. However, hard data on the role of fitness and exercise in maintaining mental health remains somewhat tentative. Use of this information must await further confirmation and then drafting of guidelines and technical assistance and manpower development materials before it finds its way down to the general public serviced by NIMH and its affiliates. There is no time schedule for materials development. However, NIMH could be an integral part of both fitness policy development and implementation as it possesses both the necessary research and service networks. To date, NIMH's role in the development of a national fitness/health policy has been limited and their work functions somewhat isolated. This may be unfortunate as they are a potentially valuable contributor to a national effort.

THE NATIONAL INSTITUTES OF HEALTH

The National Institutes of Health are the federal focal point for basic health research. Seventeen institutes and Research Divisions and the National Library of Medicine comprise this research complex. For most of the independent institutes research and/or promotion of exercise and physical fitness was extremely limited and/or tangential to their pursued objectives. A few (i.e., six) of the seventeen institutes were found to sponsor research that is relevant to the promotion of physical fitness and exercise. Of these six, the research and/or promotion of fitness and exercse was relatively substantial at four individual institutes; the National Heart, Lung and Blood Institute, the National Institute of Neurological and Communicative Disorders and Stroke, the National Institute on Arthritis, Metabolism and Digestive Diseases, and The National Institute on Aging each pursues exercise relevant research and promotion efforts as part of their missions and each has cited such work as a priority item on their agenda. The activities of each of these four agencies will be discussed subsequent to a brief description of NIH's overall policy formulation and grants allocation processes.

Overview of NIH's Policy and Research Development Process

While each Institute's overall mission is different, as members of NIH their research and process for developing policy is smilar. Thus, for the purposes of this report and overview of the NIH grants award process and information dissemination procedures is presented below.

Organizationally, the Associate Director for Extramural Research and Training directs the development of NIH policies and procedures for awarding funds in support of medical research and provides policy guidance for the Division of Reserch Grants which administers the grant applications.

The grant process begins with program anouncements issued by an Institute that signals a specific area in which research is needed. Grant applications are accepted according to a certain calendar of review, approval and award dates. The process begins with the Institute which is responsible for the program announcement reviewing and approving grant applications before they go to the Division of Research Grants. This review may also include an optional scientific review of the grant proposal by Institute committees.

In the Division of Research Grants, scientists read each grant application to determine exactly the agency or branch in an

Institute(s) that will be responsible for supporting research in the area. Simultaneously, the application is assigned for scientific appraisal in the "Study Section" whose members have expertise in the area of proposed research and are in no way connected with the Institute or their programs. The applications are reviewed for:

- quality of scientific merit
- assessment of the proposed research problem
- originality of the approach
- training, experience and research competence of the investigators
- adequacy of the experimental design
- the suitability of the facilities
- the appropriateness of the requested budget to the work proposed.

The Study Section approves, disapproves or refers each application. Each member records a numerical, priority score which serve as a guide to the National Advisory Council and the awarding units in making final decisions concerning the order in which approved applications would be funded. After this scoring the Study Section's Executive Secretary compiles summaries of all applications for the Naitonal Adivosry Councils review within six to eight weeks.

Each grant awarding unit or Institute in NIH has a National Advisory Council which must review and recommend approval of an application before a grant is awarded. Unlike the Study Section review, the NAC review is more focused on policy considerations than technical merit. The NAC recommendations for funding are based on the:

- determination of the needs of NIH and missions of the individual Institutes

- total pattern of research in universities and other institutions
- need for initiation of research in new areas
- the degree of relevance of the proposed research to the missions of the Institutes
- other policy matters.

After receiving approval for funding from the NAC, the application goes back to the Institute for administrative handling. There is no guarantee that approvd applications will receive an award as there may be more approved applications than funds available.

Generally, the level of research funded across in the area of physical fitness and exercise is quite limited. One of the common problems expressed here focused on the diffculty of obtaining quality scientific research proposals in the area of physical fitness and exercise. The lack of quality has led to low technical merit rankings and unfunded proposals in many instances. Some Institutes are currently implementing workshops aimed at fostering new research ideas and quality standards for research that will be helpful in increasing the number of successful research grant applications in this area.

It is also important to note that the grants review process makes it difficult for an agency to really promote a new intiative. Though many of the institutes have an interest in investigating further the relationship between exercise or physical activity and health status especially as they relate to mediating the effects of many disorders (e.g., allergies, epilepsy, diabetes) these interests are of secondary import to understanding the disorders and identifying means of medical intervention/remediation. This latter focus is the traditionally accepted avenue of study; NIH's bias is biomedical in nature. Hence "hard" basic research in the area of biomedical investigations may receive both higher technical scores and higher priority status then "softer" socio-psychological research which would include much of the potential research on physical activity's relationship to health and disease prevention and remediation. However, such studies are receiving greater levels of support at a few of the Institutes as the notions of preventive action and health maintenance begin to take firmer hold. In order to promote this type of research it is incumbent upon each agency to stimulate and provide technical assistance to potential grantees who are pursuing the area of physical fitness and exercise. This is especially true because the NAC reviews proposals and makes recommendations based on policy needs only after the technical review process--any proposal disapproved on the basis of technical merit would not be sanctioned by an NAC even if it was a new or high Institute priority.

The primary means of promoting fitness employed by NIH focuses on disseminating the results of their work and thereby providing a scientifc basis upon which others' program designs can built. Information dissemination at NIH involves a three-pronged process. To begin with all grantees are required to submit reports of their research methods and findings and if possible have these published in a journal or magazine that is geared to the special interest group of medical professionals. Once completed the research is reworked by the appropriate Institute's Information Office which identifies the important points of the article and adopts the scientific information into a format and vocabulary that is clear to lay readers. This format is made available to the press and as the press deems fit the information subsequently appears in popular publications. Thus, NIH is capable of promoting information dissemination in a way which maximizes the reliability and utility of its research findings.

Within the Institutes of Health formal and informal information sharing merchanisms exist. Coordination of ideas and programs also occurs with staff from agencies and organizations outside of NIH.

National Heart, Lung, Blood Institute

The National Heart, Lung, Blood Institute (NHLBI) conducts, fosters coordinates, guides research and disseminates information on the causes, prevention, diagnosis and treatment of heart and blood vessel, lung, and blood diseases. There are twenty specific disease oriented foci/ priority areas (e.g., hypertension) spread across NHLBI's three primary programmtic organizational substructures each of which focuses on a general disease type - i.e., Heart and Blood Vessel Diseases, Lung Diseases, Blood Diseases and Resources.

NHLBI's immediate predcessor was the National Heart Institute (NHI) established by the National Heart Act of 1948 (P.L. 80-655). The NHI pursued both basic and clinical research regarding coronary diseases as well as engaging in limited information dissemination activities. The NIH was transformed to the NHLBI with the passage of the National Heart, Blood Vessel, Lung and Blood Act of 1972 (P.L. 92-423). This act along with amendments passed in 1972 and 1975 established the position of Assistant Director for Health Information and broadened dramatically the Institute's responsibility to provide information regarding cardiovascular, circulatory and pulmonary diseases to the public. P.L. 92-423 (and ensuing amendments) also charged NHLBI with the authority to establish a maximum of 30 "prevention and control" programs at Research and Demonstration Centers as well as an Interagency Technical Committee that was to facilitate scientific information exchange.

In 1978 NHLBI received a multi-year renewal with the passage of the Biomedical Research and Training Amendments. These amendments further expanded NHLBI's mission to develop and disseminate information to both the lay public and medical professionals.

Among the institutes at NIH it is the NHLBI that sponsors and/or performs the bulk of the research which relates exercise to health. In FY 1980 approximately 80 NIH exercise related projects sponsored by six Institutes were identified (Note that in addition to the four Institutes described in this report the

National Cancer Insitute and the National Institute of Child Health and Human Development were pursuing, to some degree, research related to exercise. These Institutes are not included in this report as our recent assessment did not demonstrate their continued commitment to these pursuits). NHLBI sponsored the single largest portion of this work spending $23 million (4.4% of its budget) as compared to the other five sponsoring Insitutute's expenditure of $34 million.[1]

Although it is not surprising that NHLBI expends a relatively large amount of money pursuing "exercise interests" since the most dramatic impact of prolonged physical activity seems to be on the cardiovascular and cardio-pulmonary systems, the priority status of exercise related research remains implicit in NHLBI's mission and has not, as of yet, been given formal, explicitly stated priority status. Although determination of the effect of exercise is germane to the interests of each of NHLBI's operating divisions it does not fall under the purview of any one division.

NHLBI has been active in pursuing both basic and applied/clinical intramural and extramural exercise related research. Some of their earlier efforts focused on assessing and determining ways to reduce risk factors and prevent or at least delay the onset of cardiovascular diseases. Early research focused on developing and validating, and implementing the Multiple Risk Factor Intervention Trial (MRFIT) intitially designed by the Behavioral Medicine Branch at NHLBI. Though the emphasis of the technique was on smoking, nutrition and drug and alcohol consumption, physical activity was incorporated as a behavioral target in effecting long lasting positive life style change.

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[1] In Search of Federal Exercise Policy: An Analysis of Six Federal Agencies' Policies of Exercise and Health. Stenmark, S., McManus, P., Lee, P., and Franks, P. University of California at San Francisco, November 3, 1973.

Exercise has also been involved as a focal point in NHLBI's Lipid Research Clinic Program and their ensuing lipoproteins research. NHLBI's sponsored research has invoked exercise either as an episodic (e.g., stressor) or chronic (e.g., capacity) factor in a broad range of studies including investigations of: hastening recuperation and rehabilitation; performance assessment in humans-adults and children, and animals; evaluating educational and testing programs; causes of sudden death; relationship with multiple risk factors; chronic heart disease; and hypertension. The results of these has and will continue to be influential in broadening the scientific research base concerning the effects - both positive and negative - of exercise and hence aiding in policy formulation - both internally at NIH and NHLBI as well as outside of NIH effecting the broader context of national disease prevention and health promotion policy.

Policy formulation is affected most directly by the dissemination of scientific information both to peer professionals and the general public. Recall that NHLBI was charged with the responsibility to report regularly and in a timely manner to both of these groups with the passage of the 1978 Biomedical Research and Training Ammendments. Through 1980 the Office of the Assistant Director of Health Information has been fulfilling this mission and a constant stream of journal articles, popular magazine articles and specially developed information pamphelets have entered the public domain. Most relevant to our investigation was the recent (March, 1981) publication of Exercise and Your Heart - a delightful and informative brochure about the myths and "do's and don'ts" of exercise and its impact on cardiovascular risk. This brochure was published as part of NIH's "Medicine for Laymen" series and is made available to the public free of charge upon request. It is unfortunate to report that the budget earmarked for information dissemination during the fiscal year will be slashed by at least 25 percent. Though the extent of the impact on NHLBI's information dissemination activities is still unknown, it is expected that such activities will have to be curtailed dramatically and new initiatives forgone.

In addition to publishing and disseminating information through formal channels, NHLBI's Interagency Technical Committee is charged with sharing informatin, exchanging expertise and if possible, coordinating activities with other agencies or groups. It is our understanding that NHLBI has pursued these activities with several other federal agencies including the other institutes at NIH, the Center for Disease Control, and ODPHP.

NHLBI presently sits on the Physical Fitness and Exercise Committee with ODPHP, the PCPFS and others involved in charting the action steps each agency might contribute to achieve the fitness objectives described in Promoting Health and Preventing Disease: Objectives for the Nation (1980). This multi-agency cooperative effort represents a primary, requisite step in the development and implementation of a coherent and comprehensive national fitness policy.

The National Institute of Neurological and Communicative Disorders and Stroke

The National Institute of Neurological and Communicative Disorders and Stroke (NINCDS) conducts, fosters, coordinates and guides research on the causes, prevention, diagnosis and treatment of such maladies and also conducts basic research in related scientific disciplines. Physical fitness and exercise have recently emerged as a topic of research priority for the Institute as a result of a study performed by the Commission for the Control of Epilepsy and its Consequences in 1978. The Commission, acting on the knowledge that activity and physical fitness was significant for its contribution in reducing the likelihood of seizures among epileptics recommended that:

> The Director of NINCDS should fund a research project to study the impact of vigorous activity on seizure frequency and the efficacy of drugs. Results should be shared with the Bureau of Outdoor Recreation, and should be disseminated through the President's Council on Physical Fitness and Sports, the Society for Sports Medicine, the National Collegiate Athletic Association and the American Athletic Union.

To date, no proposals to research this area have been submitted to NINCDS, thus no research has been funded or completed in this area.

Although no direct research has been pursued in NINCDS, the Institute does collect and disseminate research information related to neurological and communicative disorders. In addition, the Institute conducts an intramural research program in its own laboratories, branches and clinics (e.g., Comprehensive Epilepsy and Stroke Centers). While the Institute does not do much in the way of publishing its own documents, it does assume the responsibility for disseminating information put out by other organizations which stresses the role and importance of exercise. The information available strongly supports the idea that excrcise has benefits for victims of epilepsy, stroke and Parkinson's disease and should be incorporated into the lifestyles of these people.

Presently there is not way of predicting what, if any, research efforts will constitute NINCDS's future involvement in physical fitness and research, though continued research in this area is of stated importance to them.

The National Institute of Arthritis, Metabolism and Digestive Diseases

The National Institute of Arthritis, Metabolism and Digestive Diseases conducts, fosters and supports basic and clinical research related to arthritis and connective tissue diseases; skin diseases; diseases of the bone and muscle; diabetes and other endocrine disorders; digestive and nutritional disorders; diseases of the kidney and urinary tract and blood abnormalities. Like the other Institutes which comprise NIH, NIAMDD's research is organized into intramural and extramural activities. Research activities relating to physical fitness and exercise are supported under NIAMDD's extramural research efforts in their Arthritis, Musculoskeletal and Skin Diseases Program. The promotion of research efforts in the area of physical fitness and exercise, while limited by the NIH grants awards process, has nonetheless been an established internal priority of the Division of Sports Medicine. Currently, the Institute is investing $450,000 in a variety of investigator-initiated research grants, program project and center grants, and career development and training awards for the purpose of studying the effects of exercise on the muscoskeletal systems. The questions they are trying to address deal with the latent effects of exercise on the osteoarthritic cartilage (e.g., to what extent will joggers develop osteoarthritis in their advanced age).

The Division of Sports Medicine has also taken other initiatives to promote research in this area. They are sponsoring a conference in the spring of 1982 on sports activity and injury. At this time, they plan to discuss the problems associated with sports and knee injury as well as to determine the direction new research should take in this area. In addition, they are also trying to raise the standards of research in the area. This, in turn, can facilitate getting additional research monies into exercise related research as technical proposals of higher quality will result in improved technical merit review scores and higher priority ratings-hence an increased probability of funding.

NIAMDD has been unsuccessful in establishing formal, joint research linkages with the other Institutes of health. This difficulty stems from the problems inherent in studying the simultaneous effects of exercise on the skeletal and other bodily systems (e.g, the cardiovascular system). However,informal information sharing does exist between the staff of NIAMDD and the other institutes.

While the Sports Medicine division has placed an internal priority of exercise and sport activity research, it is difficult to anticipate the funding that will be made available for this purpose in the future. Although the Institute's budget for medical research is increasing, in an absolute sense, there is some shrinkage in terms of a real dollars because of inflation. In effect, there may be less money available to fund new projects. However, there is the expectation that funding levels for research in the exercise and fitness area will remain relatively constant in terms of purchasing power.

The National Institute on Aging

The National Institute on Aging was established with the enactment of the Research on Aging Act, P.L. 93-296 on May 31, 1974. The Institute is charged with the "Conduct and support of biomedical, social and behavioral research and training related to the aging process and the diseases and other special problems and needs of the aged". Under this mandate, one of NIA's primary emphases has been on the prevention of disease and improvement of the quality of life among the elderly. Physical fitness and exercise having been recognized for their contributions in helping the elder attain quality of life, have received a moderate amount of attention at NIA. Efforts in the Extramural Research and Social and Behavioral Research Branches are attempting to expand the body of knowledge in this area. More specifically, three areas within AOA seem to be actively participating in the promotion of exercise and physical fitness. The Physiology of Aging Branch, the Gerontology Research Center and the Social Behavioral Research Program are each participating in relevant research and promotion. The activities of each will be discussed below.

In the Physiology of Aging Branch, the Exercise Physiology section supports research on the integration of nervous, musculoskeletal, cardiovascular, pulmonary/respiratory and endocrine systems to provide basic information for clinical treatment. Clinical studies also focus on the preventive and therapeutic roles of exercise.

In 1977, NIA sponsored a conference on exercise and the elderly. Future conferences and workshops to be attended by experts in the field are planned. The objectives of these workshops is to gain a consensus on research directions.

Frequent turnover of key individuals in the Exercise and Physiology section of the Physiology of Aging Branch of NIA has limited somewhat the extent and continuity with which specific activities have been pursued. However, it appears that the staffing situation is in the process of being resolved. At present, the major interest within the Branch is the pursuit of new information on the effects of changes in exercise habits during a person's later years and in developing national norms for the exercise performance capabilities of people at different age levels.

The goal of the NIA Social and Behavioral Research Program is to understand the social, cultural, economic and psychological factors that affect both the process of growing old and the place of older people in society. Research supported focuses on patterns of continuity and change in social and psychological characteristics, and behavioral and environmental responses of individuals as they age. Particular attention is given to the relationship between the psychological social and physiological aging process and the conditions under which functioning changes or remains stable through the middle and later years.

A recent study made on the relationship between factors of psychosocial origin and productivity revealed the significance of exercise in maintaining productivity during advancing age. This study has stimulated increased interest in the Social and Behavioral Science Research Branch and further investigations are planned. A literature search on health risks and health promotion has recently been completed; the issuance of a related program announcement is planned for the end of summer, 1981. The program announcement is evidence of NIA's growing interest and priority setting, enabling them to learn more about the psychosocial factors that lead to adaption of effective health promoting behaviors, especially in the area of exercise and its relationship to keeping elders alive and independent entities.

NIA also sponsors an Intramural Research Program-the Baltimore Longitudial Study of Aging-which is conducted at the

Gerontology Research Center in Baltimore. This is a multifaceted investigation of over 650 volunteer men, ranging in age from 20 to 96, who come to the center every 1 to 2 years and undergo 2 ½ days of extensive clinical, biochemical and psychological testing. A women's testing program/study was initiated in 1978 and has to date enrolled 250 female subjects. Like the male subjects, females are monitored for many functions which are directly or indirectly related to exercise; tests administered include tests to determine heart, kidney and lung functions; body composition; and capacity for exercise as well as carbohydrate and fat metabolism.

NIA shares its research findings with the Interagency Commission for Research on Aging which includes approximately 30 agencies that are involved with providing services to the aged (e.g., AOA, VA, NASA, HUD, DOD). Informal exchanges occur within the scientific community at the National Institutes of Health. Workshops which are convened to enlist the expert advice of medical health, social and behavioral professionals from other settings are also held.

In addition to providing research funds, NIA has an information office that is responsible for supplying materials and/or making referrals for those requests that they are not capable of processing themselves. While little information has been disseminated on exercise through their office, they will soon be making available the proceedings of the 1977 Conference on Exercise for the Elderly. All 14,000 persons/organizations/universities/-libraries on NIA's mailing list will be made aware of the publication at the time of its formal release. Their primary information dissemination approach which relies on mass distributions of material through local drugstores and pharmacies was described as "quite effective" and will again be employed for making available to the public future materials on exercise.

THE OFFICE OF HEALTH MAINTENANCE ORGANIZATIONS

The Office of Health Maintenance Organizations is responsible for the development, qualification and compliance functions of Federally qualified Health Maintenance Organizations (HMOs). Under the the provisions of the Health Maintenance Organization Act of 1973 (P.L. 93-222), an HMO is a a legal entity which provides comprehensive health services to each member in the organization for a prepaid, fixed and uniform payment.

One of the key issues which legislation was intended to address was the rising cost of health care. Prepayment is seen as one way to control the costs of medical care as it encourages physicians to promote cost effectiveness by eliminating the performance of unncessary services. The significance of promoting the prepayment concept among the American people is that it shifts the emphasis from just treatment to prevention and treatment.

The aim of HMOs' is to keep their membership healthier by effecting earlier treatment and emphasizing "preventive medicine". By law HMOs, that received Federal funds for the conduct of feasibility studies, development and/or operations, must provide a set of basic services including the provision of preventive health care services with a health component that focuses on providing information and/or training in methods of personal health maintenance and in the use of health services. The intent of providing these activities is to help members improve their health status through simple lifestlye changes (e.g., better nutrition). Improved health is perceived not only as a benefit to the individuals but to the HMO which benefits from reduced medical costs that result from the economy of prevention activities and early treatment rather than large scale tertiary treatment activities. Note that while exercise and physical fitness appear to have a potentially large role to play in these health promotion activities, they have, as yet not received much attention from HMOs nationally.

By law, the preventive health services which HMO's must provide are voluntary family planning services, infertility services, preventive dental care for children and children's eye examinations to determine the need for vision correction. It is apparent that exercise and physical fitness services are not included in this list which implies that HMO's do not have to provide these services to meet federal qualifying standards. Thus, many do not choose to or are not financially able to incorporate physical fitness and exercise services into their membership programs.

A further limitation has been observed among HMOs in the provision of preventive health services, especially regarding health education services. Health eduation is, by law, implemented for the benefit of HMO members. Generally speaking however, this mandate is loosely interpreted in the field. HMOs vary significantly in their health education implementation strategies. Some HMOs have a full-time health educator charged coordinating health fairs and other relevant activities (e.g., publishing a newsletter). Other HMOs have incorporated duties connected with providing health education information into health professionals' clinical treatment of HMO members.

Even within those programs that do offer a formalized health education program there exists substantial variation in the manner and extent to which exercise and physical fitness activities are promoted. Typically, they are only one small component of an overall program which includes such things as nutrition classes, smoking and alcohol abuse cessation workshops.

While HMOs appear to be an environment which is well suited to expanding physical fitness and exercise promotion activities, there is, at present, no obvious mecahnism for encouraging the promulgation of fitness information. It is clear that the law governing health education practices is non-specific. Guidelines regarding promoting physical fitness are non-existant. Further, actual health eduation practices are not monitored by the Office of HMOs. In summary, since physical fitness and exercise are not required activities and since there are no guidelines or regulations which outline the type of health eduation program that an HMO should sponsor, fitness promotion efforts among the independent HMOs will continue to be based upon the financial and staffing capabilities of each HMO as well as the needs of its members.

NATIONAL CENTER FOR HEALTH STATISTICS

The National Center for Health Statistics (NCHS) is located in the Public Health Service's Office of Health Research, Statistics, and Technology. It is one of the major Federal organizations charged with data collection and statistical analyses. NCHS, in accord with its legislative authorization, performs inventories and surveys of diverse nature including:

- The extent and nature of illness in the general population
- The impact of illness and disability on the economy
- The assessment of the presence and extent of environmental, social and other health hazards
- The identification of the determinants of health
- The inventory of health resources
- The extent of utilization of health resources and services
- The assessment of health care costs and financing
- The assessment of familial status in the general population

Each of the above eight points is a focus for a constructed data base at NCHS; analyses and reports on these data bases are published and disseminated periodically - generally on an annual basis. NCHS's primary contribution to development and implementation of national fitness policy would take the form of periodic assessments of the population's levels of fitness and emission of fitness behaviors.

All data collected by NCHS is subject to the regulations and provisions of the 1974 Privacy Act (P.L. 93-579) and the Health Services Research, Health Statistics, and Health Care Technology Act of 1978 (P.L. 95-623). It is worth noting at this point that although the Privacy Act protects an important right of the American citizenry since all record systems constructed by a Federal agency have severe restrictions placed on identifying uniquely individual data elements, it also precludes (unless special authorization is obtained) the construction of a longitudinal data base that could be employed to chart changes in the level of fitness or fitness behaviors of Americans - the basis for any accurate study of the impact of a national fitness policy. Gilbert Beebe (1980) notes in the American Journal of Public Health (Vol. 70, #12) how record linkage systems - from various sources and over time - might be effected while still maintaining the anonymity of respondents and fulfilling the regulations stipulated in th Privacy Act.

Of particular import to monitoring the present level and change in the level of overall fitness or fitness behaviors are the Health and Nutrition Examination Survey (Hanes) and the Health Interview Survey (HIS). Either or both assessment tools could be employed for the purpose of charting the nation's fitness. These assessments may be viewed as complementary. The Hanes was designed to collect and utilize data obtained from direct physical examinations and follow-up laboratory tests of individuals. It is performed in five year cycles; the last cycle ended in 1980. It is presently used to determine the actual prevalence of disease and ill health. It could readily include data relating to the prevalence of levels of fitness. Indeed, some information related to fitness (e.g., blood pressure) is already collected; addition of other relevant measures might be included easily. The Hanes survey is administered to a sample of about 21,000 demographically representative persons per year.

The HIS is another assessment which could be modified to incorporate fitness specific information. HIS is purposed to provide national data on the incidence of illness and accidental injuries, the prevalence of diseases and impairments, the extent of disabilities, utilization of health services and resources as well as a miscellany of other health related topics. Data are collected from the respondents themselves posing an opportunity to collect social, psychological and economic information relating to health. The survey is administered annually and supplements to the questionnaire are included to assess Americans' standing on specific topics of interest. A fitness supplement might be included for the 1983 or 1984 administration of the HIS if it were requested now. ODPHP has used this feature of the HIS before in their early assessment of American health habits. The HIS is administered annually to approximately 40,000 households containing 120,000 persons.

Both the HANES and the HIS are implemented, as are other NCHS surveys, by appropriate levels of government (i.e., Federal State, Local). NCHS maintains the data base and makes it available to others who need the information. Administration of the HIS and the most recent HANES surveys was accomplished by interviewers trained and employed by the Bureau of the Census. As noted above, other information is collected by state and local authorities and NCHS acts in a capibilities building role with these actors in hope of establishing a competent network functioning to keep essential information flowing.

Another example of NCHS's cooperative linkages within the Federal government is demonstrated in their recent (fifth annual) publication Health United States 1980. One of the agencies collaborating with NCHS in the production of the report was ODPHP. One result of this collaboration is a 58 page Prevention Profile which highlights statistically the extent to which Americans engage both in behaviors which promote health and in behaviors that have been linked with ill health that if decreased would hypothetically reduce morbidity and mortality rates.

In summary, NCHS is one of the agencies most suited to trace the general population's level of fitness and health. Though efforts to measure some relevant behaviors and actual fitness levels have been effected in the past, they are extremely limited. In order for assesments to be made of the effects of the evolving national priority/policy on fitness, it will important to tap NCHS's extant collaborative data collection network as well as their analytic capabilities.

CENTER FOR DISEASE CONTROL

The Center for Disease Control (CDC), has been part of the Public Health Service since 1973 when it was established by the Secretary of Health, Education and Welfare. The Center was charged with protecting the general population's health by providing the leadership necessary to prevent and control diseases.

In accord with its mandate, the CDC administers national programs directed toward the prevention and control of communicable diseases and other negative health conditions including pica/lead poisioning, the spread of rodents in urban settings, and quarantine activities. CDC also provides technical and financial assistance to clinical laboratories to upgrade the facilities; technical asistance is also provided to developing nations in the area of the control of preventable disease. CDC also promotes nationwide research activities, health standards development and testing, and information dissemination activities.

Eight operating components comprise the CDC: National Institute for Occupational Safety and Health (NIOSH); Bureau of Training (BT); Bureau of State Services (BSS); Bureau of Tropical Diseases (BTD); Buroau of Laboratories (BL); Bureau of Smallpox Education (BSE); Bureau of Epidemiology (BE); and Bureau of Health Education (BHE). CDC's primary fitness promotion activities occur in the Bureau of Health Education which, although it has been involved in some relevant research activities, has concentrated its efforts on developing health assessment and health education materials.

Fitness and exercise promotion activities are seen by BHE as one part of an overall health education program. However, the perception that fitness and exercise contribute negatively to unnecessary morbidity and mortality, has made fitness assessment and education an important facet of BHE's overall program. The fitness/exercise component of BHE's comprehensive education program is comprised of:

- The development and dissemination of School Health Education Curricula for Gradaes Kindergarten - 7. The aim of this program is to teach children about how their body functions. In segments of the coursework dealing with the cardiovascular and cardiopulmonary systems, children are made acutely aware of the effects of physical fitness and exercise.

- The development and dissemination of Adult Health Materials. The Primary focus of fitness and exercise promotion in this facet of BHE's program efforts is their Health Risk Appraisal (HRA), which was derived from earlier Health Hazard Appraisals developed by the Canadian Government. The HRA is a self-administered assessment device designated to gauge an individual's health status. Questions concerning fitness activities/exercise are included with those about exposure to negative enviormental conditions and those about preventive health behaviors. CDC analyzes returned questionnaires and generates individual Health Risk Profiles (HRP); individuals receiving HRPs are advised, as necessary, to change their behaviors in some specified way to improve their health status (e.g., exercise) or further decrease the possibility of exposure to health threatening conditions (e.g., - wear seat belts).

- CDC sponsors the Health Education, Risk Reduction grants program in which monies are allocated to states for the purposes of funding health education programs in the areas of substance abuse, smoking cessation and physical fitness. Funds filter down to local program implements charged with initiating and maintining these programs. As a condition for receipt of the grant from CDC a state, is required to provide, maintain or conduct the following activities:

    - Working relationships with local organizations promoting physical fitness and health

    - Statewide inventory of all physical fitness health promotion programs

- Epidemological survey of risk factors
- Surveillance system of morbidity and mortality, and

Technical assistance to community organizations. Approximatley $16 million was allocated as part of the program in FY 1980. Approximately $6 million was set aside for general health education efforts while the remainder was earmarked for promoting smoking cessation and substance abuse activities.

In addition to BHE's efforts, CDC is involved in fitness/exercise promotion in other areas. They have recently entered into a contract with Breslow at the University of California at Los Angeles to update his work on risk factors. Also, BE collects demographic, clinical and laboratory data from State and territorial health agencies as part of the National Morbidity and Mortality recording/reporting. This system may be quite useful in helping to determine the links between fitness status and morbidity and mortality in the general public. Like most available data bases, this one is not without problems. A linkage system which will enable researchers to track individuals over time has been discussed; no decisions have yet been made regarding installing such a mechanism.

Like many other government agencies, CDC participates in Project Share. This is an aggressive employee fitness program which at CDC, includes HRAs for participants as well as regular program and promotional activities (aerobic dancing, health fairs).

THE ADMINISTRATION ON AGING

The Administration on Aging, established by the Older Americans Act of 1965, is charged with the responsibility of assisting older people to secure equal opportunity to the full and free employment of the following:

- An adequate income in retirement in accordance with the American standard of living

- The best possible physical and mental health which science can make available across all levels of economic status
- Suitable housing independetnly selected, designed and located with reference to special needs and available at costs which older persons can afford
- Full restorative services for those who require institutional care
- Opportunity for employment with no discriminatory practices because of age
- Retirement in health, honor, dignity - after their years of actively contributing to the economy
- Pursuit of meaningful activity within the widest range of civic, cultural, and recreational opportunities
- Efficient community services, including access to low-cost transportation, which provide a choice in supported living arrangements and social assistance in a coordinated manner and which are readily available when needed
- Immediate benefit from proven research knowledge which can sustain and improve health and happiness
- Freedom, independence and the free exercise of individual initiative in planning and managment of their own lives

To achieve these objectives, AOA provides grants to state and community agencies responsible for planning for the needs of the elderly and grants to services agencies. It also funds model projects and programs, institution programs, research and training in gerontology and supports the Federal Council on Aging and the National Clearinghouse on Aging.

The historical role of AOA the promotion of physical fitness and exercise in the past, has taken the form of funding demonstration and model health projects. Although the nature of this involvement has been limited, the results have been significant in terms of their contribution to policy formulation and priority setting, which will help strengthen the efforts to promote physical fitness and exercise for the elderly.

In 1975, the National Association Human Development, a private non-profit advocacy group, lobbied AOA for monies to fund a model demonstration project on physical fitness and the elderly. During the first phase of the program, which began in July 1975, NAHD sponsored planning workshops for the design of the program (Active People Over 60). The President's Council on Physical Fitness and Sports cooperated with the NAHD in the development of exercise regimens and literature which were distributed during the workshops and later, for a nominal fee, made available to the general public. The program model was tested in four states during the subsequent 11 months: Ohio, Texas, Delaware, and Maryland.

The program demonstration was then followed by regional workshops held in Dallas, San Diego, Seattle, Philadelphia, Boston and Miami. Through these workshops, NAHD was able to train the local representatives in the fundamental principles of their exercise and fitness program for the aged. At the end of fiscal year 1976, AOA terminated its support of the model program. NAHD, however, continued to respond to requests for technical assistance received from State agencies. Private foundation support and state and local monies provided under the Older American Act, have been used to continue the program.

This demonstration was particularly instrumental in the development of AOA's interest in pursuing the relationship between physical fitness and the elderly. The study strongly supported the existing research evidence indicating that exercise can play an important role in enabling the older persons to maintain an independent lifestyle.

The performance and results of this demonstration were completely consistent with the AOA's newly strengthened emphasis - to achieve the goal of helping older persons live autonomous, useful, constructive lives for as long as possible in their own homes and communities. This objective took on the highest priority status as a function of passage of the 1978 amendments to the Older American Act. More specifically, under the 1978 amendments, grants to State Agencies have been extended to include "services designed to enable older individuals to attain and maintain physical and mental well-being through programs of regular physical activity and exercise." To date, this new emphasis has received considerable attention at the local level. It is state and local monies that allow the NAHD to continue its training of service providers in the local aging network as part of the Active People over 60 program.

Thus, while AOA is not directly targeting a large amount of their budget toward these health promotion activities, the local providers have determined this to be a priority in how they will use their Federal dollars.

AOA is also currently participating in the function of ODPHP's and the PCPFS's Physical Exercise Ad Hoc Committee. This Committee has been established to chart the relative contributions that involved agencies can achieve toward the 1990 national fitness objectives. As part of the continued functioning of this group, AOA will provide both policy relevant information and programmatic expertise and services affecting its target population, and thereby participate in the construction and implementation of a national fitness policy for all Americans.

Lastly, AOA is acting as a co-sponsor, with PCPFS, of the first National Conference on Fitness and Aging. The General Foods Corporation is serving as the underwriter for the conference. The conference is aimed at promoting healthy and active lifestyles among the persons over age 55. Experts on exercise, sports medicine, recreation and rehabilitation will discuss these substantive areas as they relate to the aged population.

APPENDIX B

FITNESS PROMOTION EFFORTS AT OTHER FEDERAL AGENCIES

THE DEPARTMENT OF THE INTERIOR

Three agencies within the Department of Interior were investigated as a function of their potential relevance to the development and implementation of fitness, exercise and sports policy. These agencies are:

- The former Heritage Conservation and Recreation Service (HCRS)
- The National Park Service (NPS)
- The Bureau of Land Management (BLM)

Heritage Conservation and Recreation Service

The agency was established in 1978 as a successor to the Bureau of Outdoor Recreation (BOR). Earlier this year, it was disbanded with many of its responsibilities transferred to the National Park Service. Although no longer in existence, HCRS is discussed here to present a full explication of the relevant events and processes that have taken place in the last few years. The major responsibilities of HCRs included preparation of the Third Nationwide Outdoor Recreation Plan, coordination of adminstration of the Land and Water Conservation Fund (LWCF), and programs both within and outside of DOI. These items are discussed in turn in the following paragraphs.

Preparation of the Outdoor Recreation Plan is based on a 1963 legislative mandate (P.L. 88-29) which calls for the development of a nationwide plan every five years. This plan was prepared through a participatory process which sought to involve all interested parties first in the identification and prioritization of recreation issues and second in the development of action steps for implementation. The 1979 Plan indicates that about 3,000 individuals and organizations responded to HCRS's invitation and raised about 1,000 issues. This list was subsequently refined through a series of discussions and a further public re-those given priority in the 1979 Plan. However, the plan is not specific as to the actions to be taken other than to assert the desirability of having the private sector assume greater responsibility for the provision of public recreation opportunities and services.

Establishment of a national recreation research agenda and facilitation of information transfer was another element in HCRS's emission. As stated in the 1979 Plan, this agenda was to include health promotion. However, investigation of the progress made in this regard revealed only uncertainty and lack of concrete information on the part of respondents.

In general, HCRs appears to have been a focal point for collaborative policy development. The planning and coordination that existed seems to have fallen short of a thoroughly integrated system of recreational programming. However, available information suggests movement in that direction. That movement has been interrupted at least for the moment with the disbanding of HCRS. The extent to which these functions will be assumed by NPS remains to be seen.

National Park Service

As noted in the discussion above, NPS is the new organizational location for HCRS's functions, although the manner in which they will be implemented is still uncertain in some respects. This discussion will focus on NPS's organization, its long standing mandate and the policies and programs it pursues with respect to the national park system.

The agency's mandate includes the dual mission of:

- Protecting and preserving the parklands
- Providing for public enjoyment of those lands which is consistent with the first objective.

This mandate is carried out through a system whereby, NPS promulgates a general management policy which stipulates limi-

SCORPs. The resolution of this issue must await further deliberations.

In essence DOI, primarily through the activities of HCRS, has attempted to establish a planning and policy development process at the state and federal levels which is parallel and complementary. Once plans have been developed, both the nationwide plan and the SCORPs are followed by the delineation of action programs in pursuit of stated needs and objectives. Note that in addition to planning grants, the LWCF has also provided for acquisition and development of land for recreational or conservation uses.

Local level planning and policy development appear to be largely beyond the control of DOI except as community decisions are tied to receipt of Federal funds such as made available by UPARR grants which targets distressed urban areas.

With regard to the former HCRS's role in fostering coordination, it appears that the process leading to preparation of the 1979 Plan has per se contributed to this aim. Other efforts at coordination/policy development include the Cooperative Management Program in which HCRS provided technical assistance and attempted to coordinate the relevant activities of 16 Federal agencies in developing cooperative arrangements with state or local governments interested in managing or developing land or facilities for public recreation. HCRS also had a memorandum of understanding with PHS, more specifically with ODPHP, to promote health and physical fitness objectives in park and recreation settings. This appears to be the first major step toward action on the aforementioned priority regarding physical and mental health. HCRS is known to have had such a cooperative relationship with ODPHP and the PCPFS in terms of joint consultation and information sharing, but information on the existence of other specific actions by HCRS or its successor in NPS is lacking.

A final theme in HCRS's efforts to bring about a comprehensive national effort in recreation planning is its emphasis on forging links with the private sector. This issue is one of view to the point where the Secretary of Interior identified 16 priority issues. Of relevance to this study is the fact that one of these issues was "The contribution of recreation to physical health and mental health". It should be noted, however, that this priority was not addressed in the 1979 Action Program, instead being deferrred to 1980 for the development of a cooperative approach with DHHS. In addition to that treatment of the specifically identified priority regarding physical and mental health, an underlying theme of the 1979 plan is the increasing public interest in and the importance of recreational pursuits that involve vigorous or strennous physical activity. As a result, the plan encourages recreation planners at all levels of government to consider this in the types of facilities and recreational uses that they develop. In making its point about recreational trends, HCRS referenced several surveys including the 1977 Nationwide Outdoor Recreation Survey. The 1979 Plan indicates that such research findings and the corresponding views of various parties ought to be heeded by those developing facilities or programs through the HCRS administred mechanisms such as the Land and Water Conservation Fund and the Urban Park and Recreation Recovery Program (UPARR).

The process by which recreation plans are developed and carried out at the state level is an interactive one. Specifically, through the Land and Water Conservation Fund (LWCF), states have been required to do Statewide Comprehensove Outdoor Recreation Plans (SCORPs). HCRS provided LWCF state grants, which included funds to support preparation of the SCORPs. The SCORPs in turn are used as input to the development of the nationwide five year plan. It should be noted, however, that with the demise of HCRS, there is currently some doubt regarding the continued availability of LWCF monies to support SCORPs. Inquiries regarding the probable future of this process were made at NPS's Office of Management and Safety where optimism was expressed that funding would continue. However, it also is possible that monies will be made available on a block grant basis, which could remove the fiscal incentive for states to prepare tations on the types of recreational activities that are sanctioned for the parks. This general plan filters down organizationally to the regions and then to the individual parks. At the park level, programs are implemented with most oversight coming from the regional offices. Feedback to the policy makers takes place in the form of requests for guidance or technical assistance and reports on utilization of facilities and consumer preferences/demands for various types of recreational opportunity. Many of these opportunities in the national parks are provided through private concessioners who rent equipment, provide lessons, guide trips, etc.

In addition to the relatively unstructured feedback on public preferences, NPS conducts formal surveys of user needs/demands and usage of facilities. Also, all park general management plans undergo public review and critique.

Promotion in the form of an active public information campaign is limited. Funds for such efforts are reported to have been cut and NPS perceives no need to greatly stimulate total demand above current levels which were charactertized as high. NPS's limited resources for information dissemination are devoted to promoting, e.g., through Public Service Announcememts, visits to relatively underused parks. Brochures about the various parks can be obtained by mail.

Cooperative linkages with other agencies tend to be initiated at the local level as dictated by the circumstances of individual regions or parks, e.g., joint responsibility with the Forest Services of USDA for management of the Appalachian Trail.

The relevance of NPS's facilities and programs to exercise, fitness and sports is that facilities, equipment and instruction are made available to members of the public who wish to engage in physically active recreational pursuits. There seems to be no special focus on exercise and fitness for their own sake, although parks have placed increased emphasis on offerings calling for active participation, e.g., walking, climbing, skiing, and par courses. In general, however, NPS can be regarded as providing only passive support for the pursuit of exercise and general physical fitness based on the consonance of park settings with activities that tend to enhance fitness.

Bureau of Land Management

This agency's basic mandate is to administer Federal lands that are outside the national parks and national forest systems. These lands may be characterized more as wilderness or raw natural resources than might the parklands administered over by NPS. BLM operates primarily in eleven Western states, its purview extending to about 240,000,000 acres. Its policy is to provide access to these lands through information and roads, but there seems to be less of an emphasis on the provision of equipment, facilities and program offerings than was reported by NPS. The Bureau oversees the land with the aim of ensuring that recreational uses are not environmentally destructive.

Among the activities that BLM encourages are camping, hiking, climbing, fishing and dirt biking. It clears and maintains trails and provides camp grounds. BLM's Division of Recreation and Cultural Resources reports that efforts are made to promote recreational uses that encourage physical activity. Note that this (active participation) is ensured almost by definition given the nature of the land itself. For example, in addition to the construction and maintenance of hiking trails, many camp grounds are placed a distance away from parking areas to encourage walking and a true sense of outdoorsmanship. Further, much of the land is natural rock face or wilderness encouraging only mountain climbing activities or demanding hiking or exploration activities.

Little promotion of BLM lands is done, primarily in view of an already heavy flow of users. A shortage of funds was stated as another factor which limits promotion. Data are collected on about a dozen categories of use of the lands (Public Land Statistics), but reportedly they greatly overstate the number of visitors. Private agencies or clubs are said to provide effective and sufficient promotion through their efforts to encourage various types of outdoor activity in general and, to some extent, to provide information about BLM lands as appropriate settings for these activities.

BLM makes no grants to other levels of government. With regard to cooperative efforts with other agencies, these take place primarily within DOI as a result of overlapping jurisdiction or mutual concern. Agencies cited are the Bureau of Reclaimation, which deals with dams and waterways and the Bureau of Fish and Wildlife, which promotes water based recreation such as sport fishing.

The State Comprehensive Outdoor Recreation Plans (SCORPs) are reported to serve as useful points of coordination with the states and other Federal agencies. Coordination is enhanced by the fact that BLM maintains an office in each of the eleven states in which it operates.

By its own description, BLM is in a reactive stance by which it seeks to balance preservation of wilderness areas with a growing public demand for recreational opportunity. The development and pursuit of exercise and fitness is only generalized and implicit in the under context of outdoor recreation.

DEPARTMENT OF EDUCATION

The agency within the Department of Education identified most closely with policy concerning exercise is the Office of Comprehensive School Health. This office was established in 1979 under authority of the Health Education Act of 1978 (P.L. 95-561) to foster comprehensive health education programs in the school. This occurred in response to the findings of a task force formed by the Surgeon General and the Commission of Education that funds for health education were going to state health departments, hence, health promotion and preventive health activities were missing the schools-the key site for disseminating relevant information. The legislation provided that the then Office of

Education could make grants to state and local agencies to encourage preventive health education in elementary and secondary schools. The program which was to have been administered by the Office of Comprehensive School Health, was authorized to spend $10,000,000 in FY 1979, but the funds were never appropriated.

The office's policy regarding exercise and fitness is that it should be taught as one aspect of an integrated school health curriculum. This would mark a departure from past approaches in which categorical curricula have been used in areas such as smoking, nutrition, alcohol, and drugs. The curriculum the Office favors is a comprehensive one which covers ten health areas (including fitness) and would be taught sequentially from grades K to 12. Furthermore, the Office encourages the development of curricula that emphasize healthy lifestyles as a means of preventing chronic illnesses.

Although the Office of Comprehensive School Health has not been able to implement the grant program described above, it has worked to bring about the development of comprehensive school health curricula. This includes holding workshops with state education agency (SEA) staffs and school administrators to encourage the general principle of comprehensive curricula with particular reference to physical fitness components.

Other planned efforts to encourage curriculum development have included identification of programs that could serve as models in terms of their treatment of fitness and other health topics. Information about these programs would be disseminated through the National Diffusion Network, a Department of Education system for disseminating exemplary education programs.

In attempting to influence and assist state and local program planners, the Office in addition to meetings mentioned above, has worked with the State School Health Education Task Force in developing Recommendations for School Health Education: A Handbook for State Policymakers which was published in March of this year.

The Office also reportedly has considered development of a survey of school and/or SEAs to determine the status of fitness education and possibly actual student fitness. If this survey can be done, the Office would try to get the National Center for Educational Statistics and the National Center for Health Statistics to collaborate on a larger survey effort. NCES has expressed interest in collecting data on physical fitness, but has not yet actively pursued it.

Another possible effort in which the Office would like to be involved is the development of new national norms for the Youth Fitness Test which is given almost exclusively in schools.

With regard to the future development and implementation of national policy on fitness, the Office is cooperating with ODPHP to specify action plans for pursuit of the Health Objectives for 1990. At the time of the interview, no information was available from the Office regarding specific outcomes of this cooperation.- At the Federal level, the Office also has cooperative relationships with the National Institute of Mental Health, Center for Disease Control, United States Department of Agriculture's Food and Nutrition Service, NHLBI, BCHS, HCFA and OHP.

In summary, the Department of Education has done little in the way of either policy or program development concerning exercise and fitness. The principle of an integrated approach to health education has been adopted and some work has been done in developing and encouraging use of comprehensive curricula. However, the failure of the grant program for health education to receive funding has cut short attempts to effectively promulgate health education and exercise policy from the Federal level down to state and local agencies. These agencies traditionally have exercised great autonomy in developing their programs. Thus, in the absence of financial incentives, the Office of Comprehensive School Health has been restricted to cooperative efforts which can provide persuasive evidence and guidance to educators. New action steps may emerge from the Office's involvement in ODPHP's efforts to implement the Objectives for the Nation, but no specifics could be identified at the time of this inquiry.

THE UNITED STATES DEPARTMENT OF AGRICULTURE

The United States Department of Agriculture (USDA) actively pursues research, demonstration projects and information dissemination activities in all areas related to the human and animal consumption of foodstuffs including: human nutrition; food safety and quality; food marketing; crop and livestock quality and use. Fitness and exercise are not really a concern of priority to the USDA. However, much of the materials and demonstration projects sponsored by USDA does note and/or include some discussion of the importance of exercise in maintaining overall health. Almost without exception, the material offered or programs sponsored do not have an actual fitness component in which possible types and amounts of various fitness related activities are described.

USDA's Food and Nutrition Program sponsored by the Science and Education Administration is one program that does include a fitness component. This program is designed to improve people's knowledge of basic nutrition and its relation to physical fitness and health. The program is primarily directed to affect the dietary habits and overall fitness and health of elders and low income families with young children.

In addition to these general activities that relate to fitness exercise, the USDA Forest Service actively supports recreational and physically active use of the National Forests. A discussion of the Forest Service's activities follows.

Forest Service, U.S. Department of Agriculture

The Forest Service (FS) of the U.S. Department of Agriculture, began in 1905 when forest reserves management was transfered to USDA from the Department of the Interior. In contrast to the National Park Service's mandate of preserving national resources, the Forest Service's mandate is to manage their 190 million acres of forests and range lands in the U.S.

Specifically, the Forest Service is directed under the Multiple Use-Sustained Yield Act of 1960 to provide outdoor recreational opportunities and wilderness for the Nation.[2] But passage of this act merely affirmed the role that the Forest Service had already adopted.

Providing recreational opportunities was a tradition in the Forest Service before it became a mandate. Legislative authority came after outdoor recreation had been going on for many years. Around 1920, the FS began issuing permits allowing vacation homes to be built on their lands. As more and more permits were issued, it became clear that forests would soon be inundated by seasonal residents and forest lands could be placed in jeopardy. It was decided that the FS should issue permits for campgrounds to be built on FS forest lands, thereby accommodating more recreationists using less forest land and in a far more controlled manner. In FY 1980, 233.5 million recreation-visitor days (RVD, which is 12 visitor hours of recreation use) were recorded on FS lands; on the nine National Recreation Areas 85.6 million RVDs were tallied.[3]

The Forest Service is involved in fitness promotion in much the same way an as is the National Park Service - they make available to the public an attractive recreation resource in which it is natural for enjoyable physically strenous activity to take place. In turn, the Forest Service's primary activity consists of several dozen current pamphlets that provide information on outdoor recreation opportunities in forests, which are disseminated by their Office of Information to interested private organizations such as the Sierra Club, and to visitors areas and rangers' stations in the forests. Although wide-spread distribution of pamphlets to the general public is not planned, several stations have developed Recreation Opportunity Guides (ROGs) identifying the services of their particular areas; these are made available at the Ranger Station in the forest areas. The Forest Service has not directed rangers to develop ROGs , but hopes that each forest will have one before FS mandate will require it.

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[2] U.S. Government of Agriculture, Report of The Forest Service, Fiscal Year 1980 Highlights (Washington, D.C.: Government Printing Office, 1981) p.6.

[3] Ibid, p.7.

The Forest Service's appropriated budget for FY 1980 was more than two billion dollars[4]. Recreation-related appropriations accounted for about 6.7 percent of this budget.

The Forest Service's research endeavors emanate from the Office of Forest Environment Research (FER) and currently include studies on such topics as how best wilderness areas can be used for recreational purposes (e.g., where hiking trails should be located and how much recreation can take place before damage to the environment occurs), and how best natural resource areas - such as white water rivers - can be used for recreational purposes. The FER is also studying ways of providing recreational opportunities in a more energy efficient manner. An example of this would be using the rural bus systems, which usually stop only in towns, to transport hikers and campers to recreational areas and then to pick them up anywehere along the road that the bus travels. This would hopefully decrease private car usage.

The Forest Service has a policy of coordination and cooperation with private interests and state, local and federal agencies in order to avoid any duplication of efforts. They hold periodic meetings with the National Park Service and the Bureau of Land Management, as well as many private outdoor recreation groups, such as the Boy and Girl Scouts, campgrounds associations and ski groups. The FS provides technical assistance to state, county and local planning groups to help facilitate development of recreational areas.

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[4] Source: USDA Forest Service, Program Development and Budget, "Actions on Budget Estimates for Fiscal Year 1981," November 19, 1980.

In 1974, the Rangeland Renewable Resources Planning act was passed, which directed the Forest Service to establish long- and short-range goals for their programs. The first assessment and program plans were issued in 1975. As mandated, an updated plan was published in 1980 (every five years). At that time, most of the programs were not funded for the full amount needed to implement them; further reductions in funding are anticipated. The Forest Service representative interviewed indicated that no new recreation-related programs would be initiated because of the expected budget cuts, that the FS may be forced to charge higher use fees in recreation areas, and that there may be a cut-back in the number of rangers employed. The Forest Service hopes that more people will volunteer to help manage the forest and wilderness areas but no significant efforts have been made to establish such volunteer programs.

THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

The Department of Housing and Urban Development's involvement in health promotion activities in physical fitness, exercise and sports is limited to its funding the construction of recreational facilities under the Community Development Block Grant Program. The program provides annual grants to certain cities and counties for the purpose of developing viable urban communities through the provision of decent housing and a suitable living environment as well as by expanding economic opportunities for low and moderate income persons. Local officials decide on the use of funds based on community need. The funds can be used to finance urban renewal; neighborhood development; model cities; water and sewer works, neighborhood facilities; public facilities and rehabilitation; open space; urban beautification and historic preservation.

To date, recreational uses of CDBG funds have not been a high priority for local governments. In 1980, the DCBG expenditures for recreational facilities was ranked lowest of all expenditure categories. Only 4.2 percent of total CDBG monies were expended on recreational development while housing and public works received 34.5 percent. Typically, when parks and playgrounds are built, they are constructed in conjunction with another CDBG eligible activity. For example, a playgruond may be built when a housing development is rehabilitated or built on an open space resulting from demolition of a "slum area".

It is important to note that construction of recreational facilities in which CDBG monies are used is restricted to area facilities that will be used for participatory rather than spectator sports. However, HUD's involvement is limited to the construction of the facility, not the support of activities that might be held in the park, e.g., summer camps, ball games, and physical fitness programs.

The likelihood of expanding the construction of recreational facilities is slight. In fact, monies for constructing such facilities may shrink dramatically. Decreasing federal expenditures for other social programs are predicted to place more demand on local officials to consider the provision of housing and other basic essentials rather than amenities such as parks and playgrounds.

APPENDIX C

FITNESS PROMOTION EFFORTS AT THE INDEPENDENT AGENCIES

THE COMMUNITY SERVICES ADMINISTRATION

The Community Services Administration (CSA) is the Federal agency whose sole mandate is to help the poor, and to concentrate on attacking the causes of poverty as well as mitigating its effects. Its overall goal is to enable the poor to become self-sufficient. Within that overall goal, CSA has four major objectives:

- To act as the voice and advocate of the poor within the government, to make their needs and aspirations known to policy markers, and to mobilize both public and private sector resources on their behalf.
- To promote the development and strengthening of community based institutions which represent the interest of the poor, and to carry out programs responsive to their needs.
- To undertake research and experimentation to expand knowledge of poverty problems, and to test innovative solutions.
- To develop and support local programs which meet the critical needs of the poor, and to provide permanent improvements in their living conditions.

In order to achieve these objectives, the CSA has focused on two methods for implementation. One has been the continued support of and cooperation with a network of Community Action Agencies (CAAs) and community development corporations. The CAAs are responsible for defining the conditions that cause and/or perpetuate poverty in an area, determining what resources are already being channeled to combat this problem, and planning programs which make use of additional funding as well as of existing resources to eliminate some of the cause(s) of poverty.

The CSA has also pursued the research and demonstration approach finding ways in which to effect permanent improvements in the living conditions of the poor. The CSA sponsorship of programs promoting physical fitness, exercise and sports falls within the realm of the research and demonstration approach and has been the exclusive responsibility of the Employment Training Branch of the CSA.

The Employment and Training Branch has several individual policy objectives which have led to their involvement and sponsorship of numerous demonstration programs. The two programs relating to physical fitness, sports and recreation, are the Summer Youth Sports Recreation Program and the National Youth Sports Program. Both programs were structured in a way to promote the Employment and Training Division's policy of supporting programs that are designed to motivate the disadvantaged to stay in school, as well as to provide financial assistance or develop part-time employment as incentives for attending school while participating in on-the-job training programs.

The Summer Youth Sports Recreation Program was an interdepartmental program. The Department of Labor, the United States Department of Agriculture and CSA, were involved in providing recreation, cultural and educational experiences to three million children between the ages of 8 and 13. DOL's contribution was the provision of CETA jobs to youth who served as playground services while USDA provided meals and CSA was responsible for conducting program evaluation and supplying administrative support. During FY 1979, CSA allocated $17 million to 900 grantees to conduct these activities. In 1980, the program was cut to $10 million and was finally eliminated in the Carter Budget for FY 1981.

The National Youth Sports Program (NYSP), is another joint effort which involves a contract agreement between the CSA and the National Collegiate Athletic Association (NCAA). The NYSP concept originated in the office of the President's Council on Physical Fitness and Sports in 1969. From 1969 until 1975, PCPFS sponsored the program as a demonstration effort. In 1975, the program was shifted to the auspices of the CSA's Employment and Training Branch most probably because it was viewed as a demonstration designed to serve the poor. The NYSP's focus is broader than sports alone. The program is designed to foster general health, achievement and personal development employing sports training and activities as a back-drop and reinforcement so that other areas of training and development can be attempted and achieved. The program is structured to allow disadvantaged students to participate year-round, utilizing both the athletic facilities and other educatinal resources that are made available by the 135 colleges and universities that are members of the NCAA and have been contracted to provide these services. The activities undertaken by NYSP pursue the following objectives which are consistent with the missions cited by the Employment and Training Division.

- Providing within a college setting, opportunities for disadvantaged youths to receive sports skills and physical fitness instruction and to engage in sports competition;
- Acquainting disadvantaged young people with career and educational opportunities, and providing them instruction and information regarding good health and nutrition practices, study practices, job responsibilities, and drug and alcohol abuse education by utilizing the personnel and facilities of institutions of higher education;
- Providing for medical examination and follow-up for all participating youths;
- Providing for a hot meal, and where possible, a food supplement as part of the daily activities;
- Providing maximum feasible employment opportunities for all staff categories for qualified poor residents of the target area who meet Community Services Administration poverty guidelines regarding family income;
- Providing a combination of employment and on-the-job training in sports instruction and administration, and providing the more mature and skilled participating youths an opportunity to develop leadership and instructional abilities.
- Enabling the NCAA and institutions of higher education to participate more fully in the community life and in solutions of community problems.

An example of how the program as implemented can achieve its objectives of helping direct the energies of disadvantaged young people into constructive channels is present in the daily contact that students have with athletes and coaches. The instructors serve as positive role models; this can serve to motivate students to stay in school and thereby, achieve their personal aims. Also, the instruction in drug and alcohol abuse prevention, health and nutrition and career educatinal opportunities helps direct students to paths where positive behavior patterns can be pursued and maintained.

While the promotion of sports programs has been a priority of the Employment and Training Division of the CSA, it has not been recognized as a major priority of the CSA. The development of CSA policy involves a process which adheres to local concerns and preferences for funding. The ever increasing demand of America's poor for quality housing, medical care, employment and energy services has taken precedence over recreational activities at the local and hence national level — these concerns are more diretly rooted to survival rather than personal enrichment/well-being issues. The lack of support for NYSP and for recreation or fitness programs in general is manifested clearly in statements by many program managers within CSA who have had difficulty in seeing the relationship and contribution that such activities or training can serve in the pursuit of the agency's objectives. Indeed, when the program was transferred from the PCPFS to CSA there was, and has been some skepticism about the appropriateness of its placement within CSA.

Recreation has never been a priority at the CSA, nor is it ever likely to be one. As mentioned previously, the Summer Youth Recreation Program was eliminated by the Carter Budget in 1981. The National Youth Sports Program, while surviving the 1981 budget cuts, did so only as a result of the successful and intensive Congressional lobbying efforts made by the NCAA. The NYSP budget was reduced to $6 million for FY 1981, and the activities have been made largely possible by in-kind contributions, from the participating colleges and universities, which are expected to total more than $7 million. Given the current uncertainty of CSA's future funding levels, it is unlikely that NYSP will survive for long under CSA jurisdiction. Further, it is feasible that CSA may soon be zero funded and out of existence. NYSP implementors are at present searching for another federal agency which might be better to implement the program should either of the above contingencies obtain. Note that one possibility regarding future CSA expenditures might be that CSA monies are given out to localities in the form of block grants. This approach is not a viable funding option for the NYSP as it would require each individual institution to request money from the state government to run its own program. It is thought that such a system would prove unworkable and this potentialy impactful program would vanish.

THE VETERANS ADMINISTRATION

The Veterans Administration (VA) provides services or benefits to a large segment of the American population. The VA categorizes those it serves into the following groups:

- Veterans whose disabilities resulted from military service
- Veterans who need assistance in the transition to civilian life
- Aged or needy veterans with non-service connected disabilities
- Deceased veterans
    - Eligible survivors and dependents of veterans.

In addition, the VA engages in medical and rehabilitative research and health professions training which are felt to serve the needs of VA beneficiaries and the overall national intrest.

Organizationally, the VA is split into two major departments for the provision of services - the Department of Medicine and

Surgery, and the Department of Veteran's Benefits. The interviews conducted in support of this investigation were performed in the Office of Recreation Services located within the Office of the Assistant Chief Medical Director for Administration in the Department of Medicine and Surgery.

The VA has a basic mandate to provide health care to veterans. The agency operates in the context of a medical model in which care is provided to persons already suffering from an illness, injury or general disability. The range of available treatments is quite broad, including all types of medical treatment, treatment of mental, emotional and stress related problems, and physical rehabilitation and restoration. It was reported that within this medical model, the VA takes a holistic approach in the creation of individual treatment plans. However, the VA does not appear to engage in the type of prevention and promotion efforts that address well persons or efforts that make a direct connection between physical fitness and health. Rather, the VA promotes exercise and fitness where appropriate in pursuit of rehabilitation and social adjustment. Those interviewed indicated that exercise is subsumed under the promotion of leisure-time activities.

Regarding the implementation of fitness related leisure activities, there are a number of well-developed linkages with other organizations. In general, the VA is said to have a good voluntary service network in which each of the 172 medical centers has ties with local service organizations. It is estimated that the services provided by volunteers in carrying out recreation programs are worth 12-14 million dollars. Direct contribution of funds by outside organizations is about 15 million dollars per year. Among the major contributors to VA recreation activities are:

- The Bowling Victory Legions (BVL), which provides an unspecified level of funding
- The National Recreation Therapeutic Society, which is part of the National Recreation and Parks Association

- The National Wheelchair Athletic Association
- The Paralyzed Veterans of America, which provides funds for wheelchairs sports
- The American Foundation for the Blind, which sponsors and promotes sports for the blind.

Examples of other VA relationships which exist to varying degres at the local level include:

- Recreation and parks programs, whereby, re-entry of veterans into the community is facilitated through efforts to create awareness and make referrals to structural programs
- YMCA programs
- Forest Service facilities, access to which is underscored by a memorandum of understanding with the VA. At the local level, VA staff work with forest rangers to make arrangements for camping and fishing activities.
- Facility sharing agreements between various recreational agencies and the VA.

In addition to these extra-mural agreements and efforts which support leisure activities for vetearans and other families, the VA Recreation Service's activities are implemented by Recreation Therapists who work with patients under the direction of a Chief of Recreation Services. Earlier this year, the VA instituted a Recreation Service Managaement Training Program open to all VA staff qualified as Recreation/Creative Arts Therapists under the Office of Personnel Management guidelines. Successful completion of this, typically, 12 month program, establishes eligibility for Chief or Assistant Chief of Recreation Service positions at any VA facility where vacancies exist.

In the area of program development, the VA also has recently begun in 15 cities, a pilot "Self-Enrichment Program" which goes beyond the usual leisure programming and counseling of VA patients. Briefly stated, the program calls for a multidisciplinary team approach in which participants are selectead on the basis of physical and psychological assessments. One objective of this program is improved physical fitness. Participants experience seven program modules (Games, Sports and Athletics; Outdoor and Nature Activities; Performing Arts; Special Events, Parties and Outings; Spiritual Activities; Health Education; and Personal Development). The program includes sytematic and periodic measurement of results. It was designed through the University of Maryland's Department of Health, Physical Education and Recreation.

Most of VA's research activity is of a scientific/biomedical nature. Other research and development activities focus on rehabilitative engineering. However, a current project (funded by a third party) is being performed by Leisure Systems, Inc. and North Texas State University. It is an attitudinal study of patients which will be used in support of modified recreational programming.

In summary, the VA promotes fitness/exercise activities as they relate to rehabilitation or facilitating re-entry into civilian life for a significant segment of the population - veterans and their families. Though we were not able to discuss exactly the extent of exercise promotion activities engaged in by the VA, significant levels of expertise and practice of implementing individualized rehabilitative exercise plans as part of a holstic treatment regimen including lifestyle (i.e., leisure) adjustments were noted. Though the relevance of these efforts to the promulgation and implementation of a national fitness policy is only tangential, it is included here because this population of people, especially disabled veterans and dependents of disabled veterans, receive their primary care from the VA and are therefore most affected by the VA's efforts.

APENDIX D

FITNESS PROMOTION ACTIVITIES SPONSORED BY THE PRIVATE SECTOR

THE NATIONAL RECREATION AND PARKS ASSOCIATION

The National Recreation and Parks Association (NRPA) is a private non-profit public interest group created to serve as a national advocate for park, recreation and leisure development. It was formed in 1965 through the merger of seven organizations concerned with the various aspects of park development and recreation activities. NRPA now has seen branches, each dealing with a specific membership group. In total, NRPA has a membership of 18,000 citizen and profesionnal members.

The Association has four major program areas:

- Public awareness activities
- Professional development programs
- National library on park and recreation interests
- Research.

In addition, NRPA carries out its advocacy activities through lobbying and monitoring relevant legislative, budgetary and regulatory developments. NRPA also responds to requests for technical assistance which reportedly number about 100 per week.

With regard to exercise and sports, NRPA has not developed a formal policy. However, in the design and promulgation of its programs, the Association has worked on the basis of two principles:

- The focus of park and recreation programming should be leisure which encompasses a range of opportunities that include, but extend well beyond, sports and vigorous physical exercise.
- The promotion of sports and exercise should be done in a way that de-emphasizes performance and competition.

Both of these notions are part of an overall promotion of leisure as a means to physical, mental and social well-being. It is NRPA's belief that promotional efforts will be most effective in influencing a large audience if they present the widest possible range of activities whereas promotion of strenuous exercise may have considerably less influence on a far smaller audience. NRPA's current attempt to put this philsophy into action is the public awareness program Life: Be In It. This program has already met with great success in Australia when it was implemented there by the Australian government. NRPA has purchased Life: Be In It materials, has pilot tested it in 22 cities, and is moving to implement the program on a nationwide basis. It includes broadcast and print media advertising, followed by the sponsorship of various activities by local park and recreation agencies. Implementation is phased, beginning with "Get Moving", a general promotion of activity. The local implementors then conduct "Where Your're At", which brings promotional efforts and special events to places with large numbers of people (parks or shopping centers). Finally, "Learn To" offers people opportunities to acquire new leisure skills.

The goal of the program is to increase participation in leisure activities through the mobilization of community resources. Park and recreation agencies are seen as an existing national system which can attain the necessary visibility and provide the follow through required to effect behavioral change in large segments of the population. The program is receiving financial support from private industry. There is no government funding or involvement other than implementation by the Department of Defense on military bases and by the Tennessee Valley Authority in areas under its purview. The President's Council on Physical Fitness and Sports reportedly opted against adoption of the program when it was first introduced in 1978 by representatives of the Australian State of Victoria.

It is important to note that NRPA also has supported promotional and resource mobilization efforts relating more to traditional and more narrowly focused physical activites. The Association has joined with the President's Council and the National Jogging Association in a coalition to get parks and recreation agencies more involved in promoting and providing fitness opportunities. NRPA also has co-sponsored various youth sports programs that receive funding from private industry. These programs include Pitch, Hit and Run; the Hershey's Track and Field Youth Program; and Target Tennis. NRPA's primary involvement in some of these programs has taken the form of soliciting the cooperation of member organizations whose resources are used in implementing the programs. The view was expressed, however, that caution is advisable in backing many of these programs because of their emphasis on competition as opposed to simple participation and enjoyment.

In summary, NRPA is a credible national organization possessing the expertise to substantially affect the planning of recreation programs through recommendations and technical assistance, including the amount and type of emphasis given to fitness. Several of NRPA's activities and stated positions indicate a policy which stresses a holistic concept of leisure and well being under which exercise and strenuous sports are subsumed. One instrument for furthering this concept is the National Task Force on Total Fitness and Recreation. Organized in March of 1980, the body includes NRPA, the President's Council, and the National Association of Governor's Councils on Physical Fitness and Sports. While orientation of NRPA and these other organizations are not wholly congruent, there is ample room for cooperation. For example, it appears that the President's Council is trying to influence park and recreation programs toward actively serving as a physical fitness promotion and delivery system. NRPA at the same time is promulgating its views on the wisdom of the broader concept of leisure mentioned above.

Currently, the NRPA engages in substantial efforts to disseminate information to park and recreation agencies through:

- Annual national and regional conferences
- A library and information center located in the national office
- A clearinghouse for information requests from local park and recreation departments.

Information available to members includes policy documents, bibliographies, abstracts of NRPA's journals (i.e., Therapeutic and Recreation Journal and the Journal of Leisure Research), educational curriculum packets, management aids, and employment assistance booklets. Each of the above are mailed to requesting parties for nominal fees. Other, smaller information pamphlets may be obtained free of charge (e.g., organizational information, catalogues of publications).

NPRA also is engaged in person power development efforts through:

- Accreditation of educational curricula relating to park and recreation planning and administration
- A student intern program
- A continuing education program which includes maintenance management, park planning and maintenance, executive development, arts management, revenue resources management, parks and recreation safety, computer workshops, and innovative programming
- Certification of professionals.

Research activites have been diverse covering such topics as the development of a leisure education curriculum for school grades kindergarten through 12, an energy management conservation system for parks, an evaluation of policy research in the field of municipal recreation and parks, and current and projected operating expenditures of park and recreation agencies. NRPA's research and development activities receive both grant and contract type funding from a variety of sources, including private endowment, the National Science Foundation, Federal agencies such as the Department of Interior and the Consumer Product Safety

Commission. The Association also publishes the Journal of Leisure Research in which NPRA'a and independent research findings are features.

THE AMERICAN ASSOCATION OF FITNESS DIRECTORS IN BUSINESS AND INDUSTRY

This organization is a private, non-profit corporation established in 1977 to support and assist in the development of physical fitness programs in business and industry. The American Association of Fitness Directors in Business and Industry (AAFDBI) was established as a result of the cooperative relationship between those in the private sector who were in the forefront of the growing interest in employee fitness and the President's Council on Physical Fitness an Sports (PCPFS). As employee fitness programs became more popular, the Council through its staff provided leadership and technical assistance to parties intrested in designing and implementing programs of their own. The growth of the movement was such that it became appropriate to establish on entity which would formalize the efforts being made and provide a structure for further promotion, research, and development. The official purposes of the Association taken from its constitution are listed below:

- To provide an educational organization to support and assist in the development of physical fitness programs in business and industry
- To create an increased awareness of the importance for developing and maintaining a high level of physical, emotional, and mental health among employees
- To cooperate in national programs of physical fitness and sports with the President's Council on Physical Fitness and Sports and other groups with similar purposes and objectives
- To encourage and provide support for in service training activities and programs of continuing education for physical fitness personnel associated with physical fitness activities, in business and industry

- To stimulate active research and to compile and disseminate research information regarding the effects of physical fitness programs
- To provide leadership in physical fitness and health for the profession
- To serve as a clearinghouse for information and services pertaining to physical fitness programs
- To develop operations, administration, and educational material for physical fitness programs in the business and industry.

AAFDBI is governed by an Executive Board of elected officers and the Director of Program Development of the PCPFS. The organization's funds are derived from collection of annual membership dues. To help carry out the organization's objectives, there are six standing committees: Continuing Education, Publications, Finance, Membership, Awards and Recognition, and Research. Other committees may be established on an ad hoc basis.

The organizational structure extends to the designation of regional representatives who serve as sources of information and assistance for companies in various geographic regions.

The membership of the Assocation has increased dramatically. Figures for May, 1980 show almost 1,500 members representing hundreds of companies. The figure includes more than 300 student members.

Information is dissemiated by AAFDBI to its members through its quarterly newsletter which announces Association activities, new research findings, relevant Federal policies and programs, and descriptions of innovative employee fitness programs. AAFDBI also sponsors an annual conference at which research papers are presented and workshops are given on various fitness related topics.

In the area of person power development and leadership training, AAFDBI maintains a Job Opportunity Center to which companies may refer in seeking qualified fitness specialists. It also maintains an internship clearinghouse to assist qualified student intern candidates and workplace institutions that wish to provide field experience to locate each other.

AAFDBI has also attempted to monitor the status and development of employee fitness programs. In late 1979, it conducted a survey of the membership which covered topics such as type of program components, facilities, staffing patterns, entry requirements, medical supervision, and measurement of program effects.

Health objectives for the nation for 1990 call for increased private sector involvement, particularly with regard to the implementation of health promotion and preventive health activities at worksites. Therefore, AAFDBI is participating in the physical fitness and exercise committee chaired by ODPHP and the PCPFS.

In summary, AAFDBI appears to be one of the most enduring and viable links with the private sector that has been forged by the Federal government in the area of health promotion/fitness. The organization, thus, stands out as a likely vehicle for effecting national policy as outlined in objectives for the nation.

THE NATIONAL COLLEGIATE ATHLETIC ASSOCIATION

The National Collegiate Athletic Association (NCAA) represents American colleges and universities on athletic matters at the national level. Through the NCAA, the 860 institutions, conferences and organizations which comprise its membership consider any athletic problem which has crossed the regional or conference lines to become a national issue The NCAA also serves as the national sports accrediting agency for colleges and universities.

Organizationally, the responsibility for establishing and directing the general policy of the Association is an 18 member council which is elected at each annual convention. The Council, in turn, elects an Executive Committee of 10 to transact business and administer the events of the Association. In addition, the

Association has a set of committees which develop issue papers, reports and recommendations through the Council or the Executive Committee for presentation at the annual convention. These committees address relevant concerns both general and specific in nature (e.g., rule-making, tournament responsibilities) and represent the major interests of the NCAA. One of the committees of interest to the promotion of physical fitness and exercise is the Sports Medicine Committee. It is responsible for reporting to the NCAA membership about advances in sports medicine. This committee's activities have, to date, focused on designing and promulgating-via position statements-acceptable safety standards for equipment used in college athletics and training programs, and possible means of preventing or remediating maladies that may be experienced by college athletes.

In addition, the NCAA is co-sponsoring the National Youth Sports Program with the Community Services Administration. This program provides an opportunity for economically disadvantaged youths to benefit from sport skills instruction, engage in sports competition, and improve their physical fitness. In addition, each participant must receive a minimum of three hours per week of enrichment activities which include drug/alcohol abuse education and instruction on job responsibilities. The NCAA is responsible for administering the program which is implemented in 135 colleges and universities. A full description of this program and the NCAA's successful Congressional lobbying effort to save it are presented in more detail in the activity summary of the Community Services Administration.

The primary means by which the NCAA promotes sports and fitness is by its endorsement of college competitions (e.g., the NCAA Basketball Tournament). Though there is no hard data on the impact of such events on participation in sports and exercise, it is clear that the promotion and actual presentation of these events provide several possible motivations to an audience to engage in similar sporting events, develop their fitness skills, and become more physically fit. Perhaps most important in the adoption of positive attitudes about sports, which in turn heightens the probability that one will intend to engage in such activities as well as actually engaging in them, is the identification value, positive role-modeling, or observational learning role played by the sports figures themselves. For most of us, there is a college sports figure or star that we want to emulate, when we participate in sports. The better we get, the more self-reinforcing participation becomes until sports activity becomes a functionally autonomous reinforcer in itself. Though attitude-behavior theories differ in terminoligies and underlying theoretical process, each would agree that publicizing events such as NCAA, AAU or professional sports tourneys should (within limits) maintain or heighten the positive attitudes regarding sports activity. Although predicting behavior on the basis of attitudes is always difficult, behaviors are more probable in the presence of positive attitudes. Hence, the simple endorsement or portrayal of safely administered and exciting sporting events may be the singularly most important activity available in the promotion of sports.

THE AMERICAN ALLIANCE FOR HEALTH, PHYSICAL EDUCATION, RECREATION AND DANCE

The American Alliance for Health Physical Education, Recreation and Dance (AAHPERD) began in 1885 as the American Alliance for Health, and its original impetus was to provide college level physical fitness associations with capabilities for lobbying and access funds to improve their fitness programs. In 1975, the alliance expanded its interests to seven areas by including safety education, physical education, sports, women in sports, dance, and recreation to their concerns. AAHPERD's present membership includes more than 40,000 teachers, administrators, researchers, coaches and students who have banded together in this not-for-profit association to accomplish the following objectives:

- Providing members with opportunities and materials for professional growth and keeping them current on the latest issues, trends, technologies and legislative developments
- Improving professional standards and performance
- Supporting and disseminating outstanding research
- Speaking with a stronger, unified voice on common issues
- Increasing public understanding of the contributions to American life made by the professions.

In addition to its continuing advocacy role, AAHPERD's activities also include administering the mandates of the President's Council on Physical Fitness and Sports (PCPFS). AAHPERD has been involved with the Council since its inception in the 1950s and developed the first norms and testing materials for the Council's Presidential Physical Fitness Testing and Awards program.

The Alliance is comprised of seven health-oriented associations (National Association of Sports and Physical Education; National Association for Girls and Women in Sports; American Association for Leisure and Recreation; Association for Research, Administration and Professional Councils and Societies; Association for the Advancement of Health Education; National Dance Association; and the American School and Community Safety Association. AAHPERD has produced more than 400 professional publications and audiovisual materials (many of which are in the physical fitness area) and journals—the Journal of Physical Education, Recreation and Dance, Health Education, and Research Quarterly of Exercise and Sport, and a monthly newsletter entitled Update, which informs members on legislative and association happenings. These publications and journals are geared to school organizations.

Promotional activities constitute 70 percent of the expenditures in AAHPERD's annual budget. These activities include developing physical fitness programs for the handicapped, mentally retarded and senior citizens; administering the President's

Council fitness tests; sponsoring conferences and workshops at the national, state and local levels; and providing technical assistance to state departments of education and to Alliance members on concerns such as curriculum and program management. The remaining 30 percent pays for staff and administrative charges. Approximately one-half of the Alliance's budget is derived from membership dues of $50 per member; the other half comes from the sales of its publications, PCPFS manuals, and PCPFS badges.

AAHPERD's Physical Fitness Council recently developed a new health-related fitness test which they would like to promote in tandem with the PCPFS's test. It differs from the Council's test in that the Council's test is "sports fitness oriented", while AAHPERD's new test's orientation is "health/physical (i.e., cardiovascular) fitness". The Alliance may work with a large fast food chain to finance the administration of the new test.

AAHPERD actively coordinates with the U.S. Department of Education, the Office of Disease Prevention and Health Promotion, the National Center of Health Education, and private organizations, among others.

THE UNITED STATES OLYMPIC COMMITTEE

The United States Olympic Committee (OC), which is a member of the International Olympic Committee, was created in 1921 by a group of amateur sports leaders, primarily from college associations, who felt that a central mechanism was needed to organize athletes for the Olympic Games. There are now 37 national one-sport oriented organizations that are members of the OC, 12 multi-sport associations, and five national handicapped organizations, each with a representative on the OC's Executive Board. Congress, under Public Law 805 in 1950, gave the OC its federal charter as a nonprofit organization and its broad mandate to provide amateur athletes for the International Olympic Games.

The Committee's mission was broadened by P.L. 95-606 (the Amateur Sports Act of 1978), which directed the OC to be, among other things, a central depository of sports medicine literature, to establish a training center and to serve as liaison with sports medicine groups.

It is not a mandate or a national goal of the Committee to promote physical fitness or sports to the general public. All their activities are geared toward preparing and monitoring athletes for the Olympics. Hence their concern is for the elite athlete, and one of their main activities is giving financial aid to sports organizations that develop olympic athletes.

The Olympic Committee currently operates under a $71.2 million budget for the period 1981-84, up from $55 million for the previous period, and up from $13 million for 1969-1972. Most of their funding comes from private donations and chemical and pharmaceutical manufacturers.

The Committee provides athletes for the Olympics in 37 sports, each of which is governed by a national association that chooses athletes to go to OC's Training Center where ultimate selection takes place. The Training Center has a four-year budget of more than $2 million.

The OC has separated 37 sports concerns into three general areas of Olympic strength in which the U.S. participates. These are well-developed sports such as track and field, developing sports such as ice-hockey, and under-developed areas. The latter category is emphasized by the OC, and has a higher fiscal allocation than the other two. More than $15 million will be spent from 1981-84 for "under-developed sports", these include luge (a small sled that goes 85 mph over ice), bobsled, biathalon (cross-country skiing in combination with rifle shooting), soccer, volleyball, and team handball.

It is interesting to note that, although the OC does not give seed money or provide technical assistance to states, localities or private organizations, they have recently begun developing a mobile laboratory program financed by a leading chain of fast-food restaurants; the program will entail visits to schools and perhaps office buildings and testing children and adults on their general fitness. Implementation of this demonstration program is scheduled to begin soon. Another facet of the program will provide technical assistance to teachers in grades 5-7 who are assumed to have little awareness of the role that sports plays in education. Five geographic areas will be visited in the next six months, and if successful the program may become national in scope.

The Committee is also developing, as chartered, a sports medicine information and literature retrieval system, financed from its general funds Then plan to buy existing information to initiate the system. This system, when functional, will comprise a relatively comprehensive sports medicine information system and serve as a valuable resource.

Lastly, much like the NCAA and other sports organizations, the OC's primary promotion activity occurs when people see the performance of the sports they sponsor, in this the case the Olympic Games. Athletic performances during these competitions help motivate and set standards for many persons. To the extent that individuals act on achieving standards of sports or athletic excellence, their fitness status will be improved.

THE AMERICAN ATHLETIC UNION

The American Athletic Union (AAU) was established about 90 years ago when it was felt by the various associations promoting Olympic athletes that a centralizing organization was needed. The AAU's activities were severely curtailed, however, by the Amateur Sports Act of 1978 (P.L. 95-606), when Congress directed that each area of Olympic competition be run by separate, as before, autonomous organizations. Hence, AAU could not participate in the Olympics, its membership was drastically cut, and the organization's goals were changed. At present, AAU's primary function is to promote the Junior Olympics and to assess school-age children's fitness. Approximately 60 children's athletic associations representing over 2,000 athletes belong to AAU.

Although the Union has no specific mandate to promote physical fitness, in fact, its goals parallel those of the President's Council on Physical Fitness and Sports in that it develops brochures for physical educators that outline exercises and tests for school-age children, and also give awards for fitness achievements. The exercises used by AAU are developed by their task force of physical fitness experts. This program is sponsored by a leading food-manufacturing firm.

The AAU's other main function is to provide athletes for and to administer the Junior Olympics, which is sponsored by a large department store chain. Promotional activities are carried out by the retailer and not by AAU.

Membership dues and industrial sponsorship of programs comprise the funding sources of AAU, which they say are not enough to allow them to give technical assistance or seed money to organizations or localities for fitness or sports programs, nor to enter into any research projects.

THE YMCA

The YMCA, a worldwide organization, has strengthening physical and mental health as one of its six major goals. The promulgation of this and other goals occurs through an organizational hierarchy which consists of a national office in Chicago, regional offices, local association units (i.e., YMCA of Metropolitan Washington) and program units (e.g., individual local agencies). Within this structure, the central and regional offices provide the leadership and assistance necessary to help ensure that whatever program activities the local association and program units decide to pursue, they will be able to achieve their program goals in a financially responsible manner - i.e., not lose money. National and regional centers also make available to associations and program units any other technical assistance required in setting up and implementing program activities. National and regional organizations are funded through contributions (dues) paid by individual program units. Program units in turn derive their income from two sources - individual membership fees and program entrance fees. The charges levied from each of these revenue sources vary from location to location and from one program unit to another; they are set at levels that "the market will bear."

Although the National Organization does, as per its charter, seek to promote health in persons' minds and bodies actual policy derives at the local association level. It is of course consistent with the Y's charter which is extremely broad. The association and program units, responding to the needs and interests of their respective communities, develop goals and specific operations which are manageable from an implementation perspective.

In response to the growing awareness of the American public of the physical and mental benefits of fitness and exercise, and consistent with the YMCA's organizational goals, health promotion activities which include physical fitness and health education have become a major focus of many local YMCA program units. In order to fully understand the nature of the attention that health promotion activity has received at the local level, it would be necessary to have information about many of the YMCA's. However, for the purpose of this study, the National Capital Service Center, part of the YMCA of Metropolitan Washington was selected for investigation.

The National Capital Service Center is a major nonprofit service unit that has served the area since 1852. The organization, recently relocated in a new facility, is situated in the downtown area and caters to an adult membership. The center has structured a program which ties in with the national goals. While physical fitness and exercise constitute a major portion of the program, many other activities are provided which help transmit the Y's national goals (e.g., self-defense, cardiopulmonary resuscitation training).

The National Capital Center's promotion program is based on the concept of "Wellness", and the pursuit of a healthier life-style. Programmed activities which focus on physical fitness and exercise include aerobic action, as well as other CV fitness programs, pre- and post-natal, fitness, stress management, and programs for senior citizens. Unprogrammed leisure and recreational activities such as racquetball, basketball and squash are also available to members. The benefits of physical activity are frequently highlighted in presentations made by a speakers bureau which enlists experts to speak on issues such as employee health and fitness, wellness, stress management, health, and nutrition and exercise. General health promotion material and program-specific information is made available.

The success of the physical fitness and health education program can be measured properly for those participating in a structured program or for those engaging in a prescribed regimen on the "Y's Way to Physical Fitness", a fitness instrument developed by the Y. Flexibility, strenth, cardiovascular fitness and a skinfold measurement are all components of the National Capital Center's pre and post assessments of its participants.* In addition, the National Capital Center and many other program units administer evaluative questionnaires to their membership. Results from these assessments are used as feedback to improve the programs offered or to initiate new programs requested by members.

Although local Ys are the primary points of policy development and service delivery, the National Y is active in providing capacity building assistance either alone or in concert with public and/or private sector backing.

The national organization can mobilize any or all of the Y's resources to meet the technical assistance demands of clients.

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* This is an accepted YMCA protocol.

Their expertise makes them a desirable resource to tap when needed and their often multiple locations in many cities of the country make them a potentially desirable delivery mechanism or point of interface for large initiatives.

Recently the Y entered into an agreement with IBM to develop training modules for trainers/administrators of employee fitness programs. This project is presently in a demonstration phase at six centers. In addition to designing these modules, the Y will probably make its facilities available to IBM sites for administration of the comprehensive employee fitness program. Of course, this is not part of the agreement to develop materials and local IBM affiliates will be able to decide upon an appropriate location for their employee fitness program. Note that offering the use of facilities to sponsor physical fitness and physical education is congruent with the Y's primary national goal.

The National Y is attempting to develop a comprehensive health education capability. In concert with the American Red Cross and ODPHP, the Y is developing training packages in several areas including: stress management, pre-natal care, smoking cessation, cardiac rehabilitation nutrition, exercise for elders, etc. It is envisioned that these training materials will be used to train trainers who in turn will implement need-specific programs at a myriad of locations.

The Y has also worked closely with members of the Center for Disease Control. Committee work in which the Y was involved has recently sponsored Breslow's work on validating and developing further Health Hazard Appraisal materials.

THE NATIONAL ASSOCIATION FOR HUMAN DEVELOPMENT

The National Association for Human Development is a nonprofit social service organization dedicated to help people achieve their full potential through maximum participation in the diverse and potentially enriching activities of American society. Within this broad objective organizational efforts have been targeted to affect the population of older Americans especially in the area of promoting physical fitness and exercise. The Association, conceived by a group of professionals attuned to the specific needs of the elderly, was developed to complement the existing network of services made available to them. The NAHD serves as an advocate and catalyst for the promotion of services aimed to improve the well-being of the elderly. The ability of the elderly to maintain themselves independently, in their own homes, is a major concern addressed by the Association.

Research has demonstrated that exercises used to enhance fleaxibility in older people had significant impact on the performance of the activities of daily living. This evidence meshed perfectly with the association's goal of promoting self-help among the elderly. This research served as impetus for NAHD launching a promotional campaign to receive funding and then implement a demonstration project targeted to geriatric service providers, which would both help to identify the exercises that would be most beneficial and to devise institution guidelines for effectively transmitting this information to the elderly population.

The Association initially approached the PCPFS, whose emphases on vigorous activity and cardiovascular fitness was not adaptable to the elderly population. However, the PCPFS was willing and eventually did participate in the design and dissemination of exercise materials.

The Administration on Aging, whose mandate is similar to NAHD's organizational goal of improving the quality of life for older Americans, agreed to fund and co-sponsor the demonstration project in four states. After completion of the program and its yield of positive results, the NAHD expanded its Active People Over 60 program which is now implemented nationwide. The basic program continues to serve as a reference point and catalyst, and is further elaborated upon within the existing framework of social services delivery to the elderly. Program implementation contracts have been forged with city governments nationwide as well as with AAA's and State Agencies on Aging which allow NAHD to train their on-site staff employing the principles and guidelines derived from the Active People Over 60 demonstration project. This staff in turn, trains social service providers as well as older clients in how to perform the exercises and how to teach the exercises in a manner which is designed to motivate the older persons.

NAHD also sponsors electronic media and print promotional campaigns/activities which underline the importance of activity and exercise in the context of the Active People Over 60 program. The written materials are available for a nominal fee and have been well received by the public. In addition, NAHD publishes a news digest which is aimed at keeping professionals updated on new developments in the field of exercise for the elderly.

Presently, the NAHD operates on contributions from two Foundations and funds made available by local communities for the conduct of their program. Interagency cooperation, after the completion of the AOA demonstration has diminished. Although the NAHD did have cntact with PCPFS with the thought of a cooperative venture in mind, and although the PCPFS participated in a limited way in the development and dissemination of exercise materials in the Active People Over 60 program, their divergent conceptualization of promoting physical fitness has precluded extensive cooperation interaction with regard to activities or policy development. The NAHD is disconcerted with the lack of initiative the Federal government has taken toward promoting physical fitness among the elderly and says that they plan to take a move active stance in pursuit of this goal in the near future.

AMERICAN SCHOOL HEALTH ASSOCIATION

The American School Health Association (ASHA) was begun in New York State by physicians who were concerned about the health of school children. Their mandate, to promote the improvement of health and fitness of children from kindergarten through 12th grade, has remained consistent since its inception. The organization's membership now includes health educators and school nurses as well as physicians. Their membership dues and the sale of publications constitute the majority of its annual operating budget. Individual membership is $30/year; institutions are changed $25/year.

ASHA is currently operating under a $350,000 annual budget, and anticipates requiring an increase in membership fees to cover the increases projected for the 1982 budget. AHSA does not expect membership, which stands now at 5,000 individual members and 3,100 institutions to diminish in the coming years.

ASHA promotes health and physical fitness through its many publications and the publication and sale of its Journal ($3 per issue to non-members, free to members). AHSA's publications are developed for professionals who are responsible for the health of school-age children, and include such titles as "A Pocketguide to Health and Health Problems in School Physical Activities", and "Health Instruction: Suggestions for Teachers". The costs of publications range from $1 to $5. Government funds are sometimes used to finance costlier publications.

AHSA's Research Council, comprised of investigators in the field of child health and fitness, reviews research activities, and each year a special issue of the Journal is devoted to documenting quality research activities and findings. Membership in the Council is open to all AHSA members who are involved with promoting research in school health; The purpose of the Council is to promote and stimulate research. The Council, however, does not financially support research.

The Association participates actively in coordinative and cooperative activities. It is presently entering into a cooperative venture with the Center for Disease Control to finance the third edition of AHSA's School Health in America, which is a "state of the art" document that contains a survey of health educators in the 50 states. ASHA is working with the AMA to put the document, which is updated every 2-3 years, on their central computer. Also, ASHA participates in an information-sharing relationship with many private and public organizations, including the Education Commission of the States - which is comprised of the governors or their representatives from each state - the American Cancer Society, the American Dental Society, Easter Seals, and the Office of Disease Prevention and Health Promotion.

THE AMERICAN MEDICAL ASSOCIATION

The American Association (AMA), has no mandate or national priority to provide information to the general public on physical fitness and health. However, it is a priority to provide physicians with information in such areas as: what constitutes a physically fit person; how to assess fitness levels; and general exercise regimens designed to enhance fitness.

In the mid-1960s, the AMA formed a Committee on Exercise and Physical Fitness comprised of medical doctors; they have been active in issuing guidelines on physical fitness, in publishing articles and pamphlets, and in holding symposia on exercise in relation to heart functions. The Committee was formed and its functions determined in response to growing public interest in exercise, AMA's perception that all physicians should know more about fitness than they probably already knew, and that AMA was ideally located to promote and disseminate pamphlets on general health and exercise. An example of information made available by the Committee is the AMA's "Guide to Prescribing Exercise Programs" which gives doctors criteria for evaluating exericse needs and testing problem patients to determine their appropriate level of participation in an exercise program, It also includes basic exericse principles. The amount of money allocated for such promotional activities could not be determined.

One of the Committee's main functions is to periodically review and update the pamphlets. In this view, the Committee has just initiated a program on fitness in the workplace, which is a continuing education project for doctors to update their information regarding physical fitness and exercise. Several workshops have been held on this topic and more are planned for later this year.

The AMA coordinates with many well-known exercise and fitness organizaitons such as the President's Council on Physical Fitness and Sports, the YWCA and YMCA, the American Heart Association, the American College of Sports Medicine, and the American Alliance for Health, Physical Education, Recreation and Dance. Liaison usually consists of answering inquiries from the organizations and providing medical expertise. The AMA has prepared a reading list of exercise and fitness articles, pamphlets and books that is provided to organizations and individuals free of charge.

Major changes in their budget are not expected in the near future; the Committee's priorities are expected to remain intact. The AMA plans to continue workshops and symposia in an effort to keep physicians up to date on the state of the art of fitness and exercise. Additionally, the AMA has initiated construction of a comprehensive library related to sports medicine. Once completed, this library will be made accessible to medical and sports professionals as well as the interested public.

APPENDIX E

FITNESS PROMOTION ACTIVITIES SPONSORED BY THE STATES

CALIFORNIA

In the State of California two state institutions--the State Department of Health Services and the Governor's Council on Wellness and Physical Fitness--have active programs to promote physical fitness among California residents. Promotion of physical fitness has primarily been a state initiative although linkages with federal policy are observed.

The state's promotional activities are funded by state and federal monies. A large, promotional effort on the part of the State Department of Health Services has been funded by the Center for Disease Control's (CDC) Health Education, Risk Reduction Grant Program. This is a national program carrying specific policy requirements. As a condition for receipt of a grant from CDC, a state is required to provide, maintain or conduct the following activities:

- Working relationships with local organizations promoting physical fitness and health
- Statewide inventory of all physical fitness/health promotion programs
- Epidemiological survey of risk factors
- Surveillance system of morbidity and mortality
- Technical assistance to community organizations undertaking fitness promotion.

Within the State of California the Governor's Council on Wellness and Physical Fitness provides a focal point for all state programs promoting wellness, physical fitness and exercise. The Council, established by executive order in May 1980, is comprised of an executive director working full-time on council activities and 24 professionals (e.g., physicians, nutritionists, athletes) serving on a volunteer basis. The Council receives funding from several state agencies involved in promoting physical fitness (i.e., Departments of Health Services, Education, Employee Development and the Office of Statewide Planning), as well as from the Federal government (i.e., CDC). Just recently the council received $400,000 from the State Department of Health Services to design, implement and evaluate two model fitness programs as part of a worksite health promotion effort. One pilot program will be designed for a private corporation while the other will be for an institution of the state government.

The Council was established to:

- Promote wellness as an achievable goal for everyone, recognizing the disadvantaged as well as the privileged; the handicapped and disabled; both women and men; and all ages, races, and income groups.
- Develop and coordinate state and local activities involving the wellness of all Californians, including workshops, clinics, conferences, and other similar activities.
- Assist schools in the development of innovative and effective wellness programs for students.
- Encourage local governments and communities to develop wellness programs.
- Enlist the support of individuals, civic groups, sports associations, and other organizations to promote and improve wellness and its various components.
- Assist business, industry, and labor organizations in providing classes on wellness to improve employee health and reduce the costs resulting from physical inactivity.
- Stimulate research in the areas of wellness and health planning.
- Give recognition to outstanding developments and achievements in, and contributions to, wellness.
- Collect and disseminate wellness information, and initiate advertising campaigns promoting wellness.

The Governor's Council has been very effective in promoting physical fitness. A media compaign is underway using public service announcements prepared by Tai Babalonia and Randy Gardner, five-time U.S. pair ice skating champions and members of the council. Almost 400 runners turned out in May, 1981 for Spring into Wellness--a four mile run through the scenic capital area of Sacramento sponsored by the Council and a local private track club. Currently the Council is helping to establish the California State Employees team which will participate in the 1981 Corporate Cup Relays and Road Races. The Corporate Cup is a series of team running events leading to a National Championship competition.

In its two years of existence, the Council has endorsed many existing health promotion programs such as "Jump Rope for Heart" sponsored by the California Association for Health, Physical Education, Recreation, and Dance (CAHPERD). "Jump Rope for Heart" is part of a nationwide program of cardiovascular health involving student competitions. These events raise funds to support the American Heart Association's research and education programs.

Finally, in order to remain informed of the efforts and to enhance the effectiveness of the many government agencies promoting health, the Council has invited all state agencies to form an intergovernmental coalition. Thirty-four state agencies sent representatives to the coalition's first ad hoc meeting.

In addition to the activities of the Governor's Council, the State Department of Health Services using the CDC money and some additional state monies is currently funding 23 health related community projects, 13 of which are targeted for special populations. These projects include smoking cessation, stress management, employee fitness and nutrition education programs.

Community projects have been established in the following manner: The State Department of Health Services issues RFPs to design, implement and sometimes evaluate projects which as concordant with the Federal stipulations in the State's CDC contact. Thus the state determines the types of projects to be funded and community groups respond with their proposals on how to conduct the projects. The state awards funds to the most worthy proposals. In addition to the 23 community projects, the State Department of Health Services sponsors 10 training centers where community groups receive technical assistance in establishing health risk appraisal programs, nutrition program planning and health promotion program evaluation.

Although the Governor's Council on Wellness and Physical Fitness and the State Department of Health Services are the primary promotors of fitness in California, it should be noted that almost ten years ago the California State Department of Education recognized the need to adopt as part of it's curriculum requirement for its senior high school students the inclusion of programs which "aid the student in demonstrating knowledge of the relation of exercise and nutrition to a feeling of well-being; demonstrating knowledge of the need for adult fitness; and developing individual exercise program to fit individual requirements".[1] Again while the initiative for this policy arose at the state level, federal linkages through funding and national programs such as those promoted by the President's Council on Physical Fitness an Sports are maintained.

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[1] Physical Education Framework, California State Department of Education, 1973; in Exercise and Health, Thomas et. al., 1981, pg. 181.

GEORGIA

Several organizations in the State of Georgia have recently adopted as a priority the promotion of physical fitness as an integral part of their general health promotion efforts. Involved agencies include: the Division of Public Health and the newly created Commission on Physical Fitness, both within the State Department of Human Resources; the State Health Planning and Development Agency (SHPDA); and the Medical Association of Georgia. In addition to recent efforts by these agencies, the State Department of Education's Division of Physical Education has been actively promoting physical fitness among Georgia student population (Grades K-12) since the early sixties. As in the case in California and Ohio, the promotion of physical fitness within the state appears to have been initiated primarily by the participating state level agencies themselves with little guidance or reference to federal agencies or policy. In one instance, the State Division of Public Health does participate in a program initiated and funded by the Federal government. The State Division of Public Health coordinates Georgia's participation in the Center for Disease Control's (CDC) Health Education, Risk Reduction Grant Program. Adherence to five policy requirements, stipulated by CDC (see page E-2 for details), is a condition for participation in this federally funded program.

Turning to initiatives arising at the state level, it is interesting to note that the Medical Association of Georgia -- a private organization representing Georgian medical professionals--has recently established a committee to encourage Georgians to adopt healthier lifestyles. Their newly elected President provided the impetus for the committee through his personal interest in health risk reduction which results from an improved lifestyle. Still establishing itself, the committee has not met formally but plans to endorse and promote physical fitness, exercise events and health hazard assessment efforts.

Although, the SHPDA, a state agency established by federal mandate in 1975 to provide effective health resources planning, is concerned primarily with the financing and delivery of health care and training, it has included an emphasis on encouraging cardiovascular fitness in its 1981 State Health Plan. The inclusion of cardiovascular fitness in this year's State Plan was initiated by SHPDA in their state guidelines for local health systems agencies (HSAs). During a series of public meetings concerning the preliminary state plan, the State Department of Education endorsed this emphasis and supported the need to institute activities designed to promote cardiovascular fitness. In this vein, the State Department of Education is cooperating with SHPDA to promote cardiovascular fitness in the elementary and secondary schools. As part of this effort, cardiovascular assessment components will be included as part of the fitness testing programs already required in the Georgia public schools.

The State Division of Public Health is currently developing a program to promote physical fitness and exercise as it relates to stress reduction. This program effort will be directed at the student population in both elementary and secondary schools. Stress reduction is a new component in the already established alcohol, drug and smoking health education program funded under CDC's Risk Reduction Grant Program. The Division of Public Health also promotes physical fitness and exercise through their information dissemination and endorsement activities. This past year they endorsed "Walk for Life ",an event sponsored by Blue Cross/Blue Shield to raise money for the Georgia Heart Association, and "The Peachtree Road Race ", a 1,000 meter run sponsored by a local track club. In addition to endorsing the Road Race, the Division of Public Health conducted a sample survey of the 25,000 Road Race participants in order to ascertain their motivation for participating in the race. They anticipate that results of the survey will aid them and other state organizations in further promoting fitness events in the state.

The final organization involved in promoting fitness in Georgia is the Georgia Commission on Physical Fitness. This Commission which replaces the Georgia Governor's Council on Physical Fitness was established within the Department of Human Resources by the state legislature three years ago. It differs from the Governor's Council in two respects. One, the role of the Commission has been broadened to include the promotion of nutrition. Three nutritionists have been appointed to the Commission. Secondly, the Commission is less powerful than the Governor's Council in that the Commission receives no state funding even though they have applied during each of the last three years for funding from the state legislature and the Governor's Office. Although financially unsupported, the Georgia Commission on Physical Fitness endorses and promotes all physical fitness programs brought to their attention and deemed worthy. Last year the Commission helped the National Jogging Association promote "National Jogging Week" and helped the Department of Education promote the Presidential Physical Fitness Testing and Awards Program for elementary and secondary school children. The Commission presented special awards of recognition for two very successful fitness programs--a senior citizen walk for fitness sponsored by the State Department of Education with funds from the CDC Risk Reduction Program and an employee fitness program operated by the Atlanta City School Administrative Center. In addition to its endorsement activities, the Commission held a statewide Fitness and Nutrition Conference last year. The Commission gathered fitness professionals (e.g., coronary, nutrition, orthopedic specialists) to conduct workshops at the one day conference. People throughout the state were invited to participate. While providing an information dissemination benefit for participants, the Conference generated seven hundred dollars--enough to cover supplies the Commission needs to further promote fitness events.

OHIO

The primary thrust of fitness promotion in the State of Ohio is implemented as one part of the health education system. In turn, the efforts to promote health education in the State of Ohio are coordinated by the State Planning Committee for Health Education in Ohio (SPCHEO). The Committee has been promoting local and state health education including physical fitness and exercise programs since its organization in 1950. The organization grew out of a three-year School-Community Health Project financed by the Kellogg Foundation which pointed to a need for more joint planning between schools, community and state agencies and the coordination of their personnel and resources. The SPCHEO is composed of representatives from official state agencies including the State Departments of Education, Health and Mental Health; professional health organizations such as the Ohio Heart Association and The Ohio Association for Health, Physical Education and Recreation and Dance (OAHPERD); and several teacher education institutions including Miami, Kent State, Ohio, and Ohio State Universities. In total 31 state groups are represented by the Committee. Member agencies are asked to make annual financial and in-kind contributions to support the SPCHEO. The purpose of the SPCHEO is to promote the development of high quality and effective community and comprehensive school health programs. In their promotion of physical fitness and exercise, members of the Committee have provided and cooperatively developed numerous promotional materials including films and brochures for students and adult groups. The Committee sponsors the Annual Conference on Physicians and Schools designed to instruct interested school and community groups in methods of evaluating their health programs.

As part of this effort the Committee has prepared "A Self-Appraisal Checklist for School Health Programs" which includes a component on physical activity, recreation and relaxation. Appropriate grade level instruction and activities are prescribed.

In addition to the Committee's efforts to promote physical fitness and exercise, the State Departments of Health and of Education and OAHPERD are engaged in other promotional programs. Since 1978 OAHPERD has been working with health professionals in the state to develop adaptive physical education curriculum materials. Thus far they have published two guidelines for adaptive physical educators. The Ohio Department of Health is operating the Ohio Health Education-Risk Reduction Program with funding from CDC and the state. Their budget of over $225,000 is used to fund 13 regional area projects involving 15 county school districts and 168 local health departments. The Ohio Health Education-Risk Reduction Program focuses upon initiating, strengthening, delivering and evaluating health education-risk reduction activities to decrease selected destructive lifestyle behaviors such as smoking, alcohol abuse, poor nutrition and overeating, lack of exercise, and lack of knowledge to deal with stress.

The Ohio Department of Education's Division of Elementary and Secondary Educaton is charged with reviewing the curriculum content of all subjects of instruction taught in the Ohio public schools. In the past five years the Division has broadened its concept of physical education from athletics to include physical fitness as it relates to positive and preventive health and well being.

In summary, the State of Ohio for the past 30 years at least, has considered the health education of its residents as a priority. The State Planning Committee for Health Education has provided promotional and consultive resources in a continuing effort to improve the health education activities of state and local groups. The coordination of the State's health education personnel and resources has been an effective promotional method.

APPENDIX F
SUMMARY OF FITNESS PROMOTION ACTIVITIES

ACTIVITIES OF AGENCIES AND ORGANIZATIONS ACTIVELY INVOLVED IN FITNESS PROMOTION

Federal Department/Agency or Private Organization	Research and Development	Monitoring of Program/State	Information Dissemination	Technical Assistance	Health Education	Grants or Seed Money	Person Power Development Efforts
United States Department of Agriculture:							
• Food and Nutrition	3	3	3	3	2	3	2
• Forest Service	3	3	1 (messages commercial)	3	3	3	3
Department of Commerce:							
• Bureau of Census	3	3	3	3	3	3	3
Department of Defense	2	3	3	3	3	3	3
Department of Education:							
• Office of Comprehensive School Health	3 (not funded)	3 (not funded)	3 (not funded)	3	3 (not funded)	3 (not funded)	3
Department of Health and Human Services:							
• Public Health Service							
- Office of Disease Prevention and Health Promotion	1	3	1	3	3	2	3
- President's Council on Physical Fitness and Sports	3	3	1	1	1	3	3
- Alcohol, Drug Abuse and Mental Health Administration							
•• National Institute of Mental Health	1	3	3	3	1	3	3
- Center for Disease Control	3	3	3	3	2	1	3
- National Center for Health Statistics	3	2	3	3	3	3	3
- National Institutes of Health							
•• National Heart, Lung, Blood Institute	1	3	2	3	3	3	3
•• National Institute on Aging	2	3	3	2	3 (conferences)	3	3 (workshops)
•• National Institute on Arthritis, Metabolism and Digestive Diseases	2	3	3	3	3 (conferences)	3	3 (training grants)
•• National Institute on Neurological and Communicative Disorders and Stroke	2	3	2	3	3	3	3
- Office of Health Maintenance Organizations	3	3	3	3	1	3	3
• Agency on Aging	3	3	3	2	2	3	3
Department of Housing and Urban Development	3	3	3	3	3	3	3
Department of the Interior:							
• Bureau of Land Management	3	2 (census data)	1 (messages commercial)	3	3	3	3
• National Park Service	3	2	1	2	3	1	3
Independent Federal Agencies							
• Community Services Admin.	3	3	2	3	1	3	3
• Veterans Administration	3	3	3	3	2	1	2

KEY

1=Area of emphasis within fitness promotion activities

2=Little to moderate expenditure of effort within fitness promotion activities

3=Not part of fitness promotion activities

Research and Development-Support for basic and applied research and evaluation of innovative programs and methods to develop the knowledge base upon which the practice of health education and the organization of health promotion can built more firmly.

Monitoring(Data Collection)-Develop baseline statistics and periodic benchmarks on risk factors and health behavior. Include information sharing with other Federal agencies.

Information Dissemination-Communication through various channels and media:

- To the Public - to enhance the capacity of individuals to make informed decisions concerning personal life-style and to participate effectively in community action for health promotion.
- To Decisionmakers - to increase the cooperation of key settings (schools, worksites, medical care and community agencies) in support of health promotion objectives.

Technical Assistance-The building of local and non-Federal sector capacity to plan, implement and evaluate programs in health promotion.

Health Education-Inclusion of health education and promotion in preventive health services, mass communications, and health education networks.

Grants or Seed Money-Funds designed to build the capacity of agencies to provide leadership in health promotion program development within states and localities.

Person Power Development-

- Training to increase the number and distribution of qualified specialists in health education and related disciplines;and to strengthen the preparation of primary care providers in health education and promotion skills and methods.
- Standards and Certificates to improve the quality of health education and promotion services, and the effectiveness and efficiency of programs through quality assurance and accountability of professional practice.

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APPENDIX F CONTINUED

Federal Department/Agency or Private Organization	Research and Development	Monitoring of Program/State	Information Dissemination	Technical Assistance	Health Education	Grants or Seed Money	Person Power Development Efforts
Private Organizations/Associations							
• National Recreation and Parks Association	1	1	1	1	3	3	2
• American Association of Fitness Directors in Business and Industry	2	2	2	2	2	3	2
• Y M C A	3	3	2	3	2	3	2
• National Collegiate Athletic Association	3	3	2	2 (trains and standards)	3	3	1 (athletes)
• United States Olympic Committee	3	3	3	2 "	3	3	1 "
• American Athletic Union	3	3	3	2 "	3	3	1 "
• American Alliance for Health, Physical Education, Recreation & Dance	3	2 (derive normal)	1	3	3	3	2
• American Medical Association	3	3	2	3	2	3	2
• American School Health Association	3	3	1	2	1	3	3
• National Association for Human Development	3	3	2	1	2	3	1
States							
• California	2	2 (morbidity mortality)	1	2	2	2	2
• Ohio	2	2 "	2	1	1	2	2
• Georgia	2	2 "	2	2	2	2	2